

CHEMIST & DRUGGIST

The newswelcome for pharmacy

February 20, 1993

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Ref 1. Holmes RC, Johns AN, Wilkinson JD, Black MM, Rycroft RJG. J Soc Med 1982; 75: 27-30.



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Rational distribution on the way?

DoH responds to Tomlinson

£11m 'saved' on nurse scripts

A Burr at large in Glamorgan

Updates on anxiolytics and child counselling



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Comment

"There are more pharmacies in England closing within a distance of less than 500m of the next pharmacy than there are opening, and there are more openings than closures over 1 km from the nearest pharmacy, tending to lead to a more rational distribution." Good news for those who support the premise that the current control of entry regulations should be maintained as they will, over a period of time, lead to a more rational location of pharmacies. The statement comes from the second Department of Health statistical bulletin on general pharmaceutical services in England, and covers 1991-92. Whereas the first report concentrated heavily on prescription statistics, the second, much slimmer, document looks at distribution and prescription volumes. This is less than coincidental given the recent interest in such information by the National Audit Office and the Public Accounts Committee.

The report contains some interesting figures. It confirms the number of pharmacies in England remained static in 1991-92 at around 9765 while the median pharmacy dispensed around 2,740 scripts, a 4 per cent increase on the previous year. There are 499 pharmacies dispensing less than 1,000 prescriptions a month and 96

of these low volume pharmacies are concentrated in the five FHSA's around London. Bear in mind that PSNC chairman David Sharpe is on record (C&D November 21, 1992, p911) as saying that to be eligible for the professional allowance due to be introduced in April contractors must dispense 1,000 items a month or be 2km from a neighbouring pharmacy.

The number of pharmacies in England receiving payment for maintaining patient medication records stood at 4,019 (41 per cent) at the end of September 1992. Provisional figures up to the same period show that only 45 per cent of the 15,936 residential homes in England were receiving advice from a pharmacist. There is money to be had (albeit not a lot) for keeping PMRs, and most pharmacies have the capability. The uptake is therefore disappointingly low, particularly as it might in future become part of a professional allowance. The business and professional rewards for servicing residential homes requirements are potentially much greater, yet there still would appear to be a large number of untapped potential. That independent contractors — as opposed to the large multiples — have not signed up a higher proportion of homes is even more of a disappointment.

More pharmacies close if within 500 metres of another

There are more pharmacies closing within a distance of less than 500 metres of the next pharmacy than there are opening, according to the latest Government figures. But there are more openings than closures when they are over 1km from the nearest pharmacy, tending to lead to a more rational distribution of pharmacies.

These figures are part of the latest statistical bulletin on general pharmaceutical services in England in 1991 and 1992,

published by the Department of Health.

This shows that in 1991-2 there were 9,765 pharmacies in contract with FHSAs in England, an increase of 0.1 per cent on 1990-91 figures. Just over two thirds are independents, 30 per cent belong to chains and 1 per cent operate from health centres. In all, they dispensed 382.6 million prescriptions.

The figures also show that the distribution of pharmacies by dispensing volume shows that

they tend to be relatively small: half of all pharmacies dispensed on average fewer than 2,742 scripts per month, 30 per cent dispensed less than 2,062 and 25 per cent less than 1,884. There were 499 pharmacies dispensing less than 1000 scripts per month.

In March 1992 there were 150 pharmacies in England receiving payment under the Essential Small Pharmacies Scheme but by September this figure had fallen to 144. Of these, only 12 belong to multiples, the rest are

independents.

The bulletin also highlights considerable variation throughout the country in the number of pharmacies per 100,000 of the population. The North West Thames region has the highest rate at 27.2 compared to the national average of 20.4 and a lowest average of 14.5.

The number of appliance contractors in contract with FHSAs has been steadily declining. About 20 per cent of appliance contractors do no NHS dispensing. During 1991-92 42 of the 197 active contractors accounted for over 80 per cent of all scripts dispensed by appliance contractors.

Other facts include:

- The median pharmacy dispensed 2,740 scripts a month in 1991-92 compared with 2,630 in 1990-91, a rise of 4 per cent.
- The average net ingredient price per prescription in 1991-92 was £6.26.
- 48 per cent of the pharmacies as at September 30 received payment for oxygen services.
- The number of pharmacies receiving payment for maintaining patient medication records increased 12 per cent from 3,528 at March 31, 1992, to 4,019 at September 30. This now represents 40 per cent of all community pharmacies.
- 41 per cent of residential homes in England received advice from a pharmacist by March 31, 1992, but this had increased to 45 per cent by September 30.
- Copies of "Statistical Bulletin — General Pharmaceutical Services in England 1991 and 1992" (£2) are available from Leaflet Unit, Department of Health Information Division, Canons Park, Government Buildings, Honeypot Lane, Stanmore, Middlesex HA7 1AY.



Femidom — studies 'urgently needed'

More studies are urgently needed to assess the effectiveness of Femidom when bought over the counter and used with limited instructions and without a

spermicide, says the Consumers' Association in the latest *Drug and Therapeutics Bulletin*.

Evidence of its efficacy as a contraceptive and a protection against HIV or other sexually transmitted diseases is limited.

Reported problems with the Femidom include undesirable

physical effects, such as noise, a cold sensation and the outer or inner ring causing discomfort, the entire device being pushed into the vagina, the entire device slipping out of the vagina, or penetration inadvertently occurring between Femidom and the vaginal wall.

Aldactide recall

Searle are recalling all packs of a batch of Aldactide 50mg tablets after a sample of 900,000 tablets revealed the presence of five Aldactone 50mg tablets.

The packs being recalled are Aldactide 50mg (28 pack) batch number 450820, lot 444270, expiry July 1997. A total of 6,472 packs were released in the UK.

Given the level of mixing identified, Searle stress that the chances of any Aldactide user receiving even a single tablet of Aldactone is extremely low and the medical risk is minimal.

Replacement stock is being issued from March 8. For further details contact customer services at Searle on 0494 521124.

Guild adopts a new strategy

The Council of the Guild of Hospital Pharmacists is adopting a strategic business plan for the Guild's development in the years ahead.

This was the main point of discussion at the Council's monthly meeting last week. Members felt the shift of pay bargaining to local level called for a change in the Guild's approach. As a result, greater emphasis is to be placed on enhancing the professional needs of members, and maximising income generating opportunities, vice-president Arthur Williams told C&D.

□ Council members were sad to learn of the departure of secretary Dr David Bird. He will be succeeded by Patrick Canavan, while Bill Walsh takes over from John Chowcat in the role of national officer.

□ At the Guild's annual meeting in Cardiff last weekend, an emergency motion was heard about the Tomlinson Report. Members called on the Guild to respond accordingly to any problems that were raised by the Report.

Other motions discussed at the weekend concerned:

- a call for the Guild to give

guidance on professional indemnity insurance

- local pay bargaining and the need for accredited representatives to be given support and training
- a requirement of the Guild to encourage national advertising of hospital positions
- the need to identify and publicise practice research funds and opportunities to obtain them
- the establishment of a Guild chair of pharmacy practice
- the need for the maintenance of standards of education and training after the establishment of trusts.

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£11m saved by postponing nurse prescribing

The postponement of nurse prescribing will avoid "start-up costs" of £11 million, Mr Sackville, the junior Health Minister, disclosed in the Commons last week.

He also told Mr Roger Sims (Con) that once all nurse prescribers were trained there

would be a saving of £15m at 1991-92 prices. The Minister explained that these figures were based on the Touche Ross cost benefit analysis commissioned by the Department of Health.

Ms Dawn Primarolo and other junior Labour shadow health ministers have tabled a parliamentary motion condemning Government plans to add a further ten therapeutic categories to the Selected List.

The motion states that it is appalling that the categories to be added include contraceptives and drugs to combat skin disorders. Ms Primarolo and her colleagues

claim that the removal of these drugs from NHS prescribing is adding to a "two tier health service" providing a wider range of drugs for those able to afford to pay.

Mr Richard Alexander (Con) has urged the Government to review the proposal to add to the Selected List and insisted that "patients must continue to receive the most effective available treatments irrespective of age, sex, income or cost of treatment".

He has also warned that the great uncertainty caused by the policy is undermining investment in pharmaceutical research.

Nicotine patches lead to 'failure'

Many smoking cessation experts fear that selling nicotine patches over the counter will lead to misuse and failed attempts to kick the habit, according to the *New Scientist*.

The magazine found no independent evidence that the patches offer any help at all to people who try to quit without support. And it believes that because patches are being sold by pharmacists many people will not bother to enrol on programmes.

The article describes the case of a smoker who, having been told by his pharmacist that one pack would be enough, became disappointed with the patches and gave up. And it quotes David Mant from the Imperial Cancer Research Fund as saying that information packs or help lines offered with the patches are no substitute for discussion.

Kabi Pharmacia say *New Scientist's* sensationalist approach was disappointing. Ciba-Geigy believe their freephone help line manned by trained counsellors helps people who use their patches. Marion Merrell Dow say pharmacists are an integral part of follow-on support, and are more accessible than counsellors.

Crookes to amend Farley's advert after ASA complaint

Crookes Healthcare are to amend a Farley's advertisement after a complaint from the National Dairy Council was upheld by the Advertising Standards Authority.

The magazine advertisement for Farley's Junior Milk was headed "When should you make the step to a follow-on milk?". Details appear in the current ASA Monthly Report (number 21).

The Dairy Council objected to two statements, the first of which they claimed was misleading. It said: "Cows' milk contains little vitamin D which is vital to ensure that the calcium in the milk is absorbed." The Council said that provided the infants are on a mixed diet and get sufficient exposure to the sun, they should not be deficient in the vitamin.

The advertisers accepted that, since many children would obtain vitamin D from other sources, it was misleading to imply that its presence in the milk was vital to ensure the

calcium was absorbed.

They made the point however, that certain children are susceptible to vitamin D deficiency and the product was therefore acting as a safety net.

The ASA said the amended advert should reflect that the benefits of supplementary vitamin D applied only to certain groups.

The Dairy Council disputed a second statement that "Most of the energy provided by cows' milk comes from saturated fat — polyunsaturated fats are well-known to be the more healthy choice."

The Council said that although adults should reduce their intake of saturates, there was no similar advice for infants.

The advertisers acknowledged that the term "most" was factually incorrect. They further agreed that a reduction in saturated fat intake has not been recommended for infants and they will remove this reference.

Interactive bulletin board

An interactive bulletin board for pharmacists is the latest computer development from the Continuing Education Centre at De Montfort University.

The Pharmacy News and Mail Service could allow pharmacists to hold conferences while in different locations or study for higher degrees using the board to send in assignments for marking.

Described as "a new venture for the '90s and beyond" the Bulletin Board System (BBS) offers software supply, computer-aided learning, electronic mail and on-line journals.

The system's pioneer is Dr Norman Westwood, head of the Continuing Education Centre at the Department of Pharmacy. He stresses that the system, nicknamed Phanmail, is an interactive system, enabling pharmacists to use computers to exchange information.

Many community pharmacists have underused computers, he says. Some also have a computer at home. All they need to access the system is a modem, telephone line and a communications software package like Procomm.

The system is on line at all times, so calls can be made at the cheap rate. An annual £15 subscription is charged and the users issued with a password.

Dr Westwood believes that for pharmacists to get the most out of their computer system there needs to be a culture change. They could download a continuing education package, access the latest AIDS statistics or exchange views with other contractors about remuneration, he suggests.

Subscribers will be able to read topical articles already on the system or write their own.

"Pharmacists will be disappointed if they expect it to be just another data base", he says.

Support group

The pressure group formed to help small contractors (C&D last week p245) has changed its name to the Pharmacy Support Group. Anyone wishing to attend an open meeting of the group at the Marriott Hotel, George Street, London on February 28 at 2pm should contact Hemant Patel on 081-984 9943.

What's that pain?

A booklet emphasising the important distinction between the upper abdominal pain of indigestion and the chest pains indicating angina or a heart attack has been produced by the British Digestive Foundation. The booklet "All About Indigestion" is the latest in a series financed by Astra Pharmaceuticals.

On the move

The Continence Foundation has moved to a new address and can now be contacted at Basement, 2 Doughty Street, London WC1N 2PH (tel: 071-404 6875).

Three new HAs

Three new health authorities covering parts of Essex and East London are to be created from April 1. They are: North Essex HA, South Essex HA and Barking and Havering HA. The Government is also considering proposals for a further four mergers in the North East Thames Region. These are: Redbridge and Waltham Forest, Enfield and Haringey, City & Hackney, Tower Hamlets and Newham, and Bloomsbury & Islington and Hampstead health authorities.

Four more Trusts

Four more NHS Trusts will become operational in April. They are Cornwall Healthcare, West Country Ambulance, St George's Healthcare and Coventry, Warwick and Walsgrave Hospitals. This will bring to 293 the number of Trusts operating within the NHS in 1993.

Calcium concern

The National Dairy Council has revised its "Calcium and Health" booklet for health professionals and its consumer publication "Our Daily Calcium" to take into account the increased calcium intakes recommended by the Department of Health's 1991 COMA report. The free booklets advise on calcium rich foods and can be obtained

from the National Dairy Council, 5 John Princes Street, London W1M 0AP.

Project 2000 money

The Government is to make £114 million available for the Project 2000 nurse education scheme in 1993/94. This brings the total spending on the scheme to £321m since 1989.

Scabies epidemic

The number of cases of scabies diagnosed and treated by GPs has doubled in the past five years. Weekly returns data from the Royal College of General Practitioners shows that, on average, there were 3.59 new cases of scabies a week per 100,000 people in 1987. However, by January of this year that figure had risen to 6.9.

Premises fall by 29 in January

The total number of premises on the Royal Pharmaceutical Society Register fell by 29 in the first month of this year, to 11,949.

Overall the figures show that the opening of 20 new premises was overshadowed by 49 closures. The largest change came in England where 18 were added to the Register but 36 were removed.

However, in London, Scotland and Wales the changes were less dramatic. In London, just one new pharmacy was registered while two were deleted. In Scotland there were six deletions and in Wales, one addition and five deletions.

The fall of 29 is the largest monthly drop since January 1992 when the number of registered premises fell by 61.

Osteoporosis warning

Osteoporosis is reaching epidemic proportions in the UK according to the National Osteoporosis Society. They warn that over 5 million people are expected to suffer fractures as a result of this condition by the turn of the century.

To alert both consumers and health professionals to this condition, the NOS has produced a new booklet on the causes and most up-to-date ways of treating and preventing osteoporosis.

Copies cost £1 (send a 7x9in self-addressed envelope with a 28p stamp) from Department G1, National Osteoporosis Society, PO Box 10, Radstock, Bath, BA3 3YB.

Heart disease at work

A project aimed at minimising coronary heart disease through education in factories and offices has been set up by Swindon Health Authority and Thamesdown Borough Council in Wiltshire.

"The Lifestyle at Work" project, which grew out of the Health Education Authority's national "Look after your heart" campaign, is thought to be the first partnership effort of its kind.

Advice is given on stress, exercise, smoking, drinking and nutrition through exhibitions, seminars, workshop, screening and counselling.

At present, "Lifestyle at work" is available to companies with 100 employees or more but a future programme on health and smoking will be offered to businesses of all sizes.



Time to sort emergency call-out

Coincidence it may have been, but the very day that I regretted the loss of official rotas the front page of the *Aberdeen Herald & Post* headlined the "Problem of closed chemists". The article did not make it clear whether official rotas were actually in existence but it did identify the problem faced by a large portion of the population in obtaining pharmaceutical services outside normal opening hours.

One suggested solution was the establishment of a 24 hour pharmacy close to the city centre or, failing that, a 24 hour telephone on-call service. The question that must arise is how necessary is a full 24 hour service. Out of surgery hours, most medical problems are either sufficiently serious to require the attention of a doctor, or such that they can wait until the morning when the local pharmacy is open.

A central pharmacy open for 24 hours is probably not necessary, but emergency call-out systems are and should be established wherever practicable. At present there is no obligation on pharmacists to participate in any service. Surely as a profession this

should now be a part of our contract, properly funded and organised under the guidance of the FHSA. Then, local papers like the *Aberdeen Herald & Post* could be used to publicise the service instead of headlining our shortcomings.

On the topic of Golden Eye Ointment

There has been a lot of correspondence recently over Typharm's decision to relaunch Golden Eye Ointment. While an excellent marketing ploy, it is potentially dangerous to the patient. People's memories are amazingly long, and when no better alternatives were available this product enjoyed great popularity. It was, however, withdrawn from sale for a very good reason and even if re-formulated, memory and nostalgia will still readily identify it.

The other day I was specifically asked by a very excited lady for a tube of Golden Eye Ointment "now that it is back on the market". On informing her it now had a similar formula to Brolene she was visibly disappointed and annoyed. "That's no good, then, Brolene doesn't work. I suppose I will have to go to the doctor after all."

Nice try, Typharm: on balance, clever marketing but bad pharmacy. I am sure you will continue to market this product but not with my recommendation.

No needle nonsense must niggle Novo

Novo have launched a similar, but disposable, system to their original Novopen insulin injector called Penmix, which contains human 30/70 Mixtard insulin. It was recently demonstrated to me and I was impressed by its ease of use

and practicality for active patients, but it is expensive, so will be prescribed with care.

Like the Novopen, however, it suffers from the illogical problem of being NHS prescribable but only when dispensed without needles! Since when could diabetics give themselves insulin injections without needles? The needles cost the patient £10 per pack of 100 but the pen cannot be used without them and even if only one needle was included with each pen, that would deem it non-reimbursable.

What a ludicrous situation! Like King Canute you cannot hold back the tides of change and the quicker the Department of Health acknowledges this the better for the patient. If an innovation is deemed unnecessary or too expensive then the DoH should say so, but patients should not be deprived of these delivery advances by hiding behind the anomalous interpretation of Drug Tariff specifications.

Laxatives should be 'P' medicines

The Consumers Association is worried over the abuse of laxatives and want warnings printed on the pack (*C&D* February 13 p244). I agree that a warning about the dangers of long term use should be included on all packs but equally, I am sure that slimmers and patients suffering from more serious eating disorders like anorexia nervosa will not be deterred.

The best way to contain these dangers is to make all laxatives Pharmacy medicines and charge the pharmacist with control over their proper sale. Despite their GSL status I will not display any laxatives on open shelves and supervise all sales personally.

My sales are probably well below the national average but the dangers of abuse have been long recognised and many a slim young lady is referred for medical advice when I know she will easily obtain her needs in unsupervised outlets.

For a change I fully support the Consumers Association's concern but would ask them to go further and pressure for all laxatives to be restricted to Pharmacy sale.

Topical REFLECTIONS



In the right place, it clears more than noses.

As you probably know, Karvol's GSL rating means you can display it on shelves at the front of the shop.

This means a 14% increase in the rate of sale. (42%, if it's sited in the baby section as well). More importantly,

mums can see for themselves just how easy Karvol is to use and how it applies to all members of the family (over 3 months).

So place Karvol where mums can reach it. Then both you and your customers can get a good night's sleep.



Scriptspecials

New technology thin transdermal

Evorel, the first single membrane replacement system for hormone replacement therapy is 0.1mm thick, over 80 per cent thinner than existing reservoir patches.

The patch consists of an adhesive matrix into which oestradiol is dispersed, and which adheres directly to the skin, backed by a removable protective film. Each patch contains 3.2mg oestradiol which is released at a rate of 50mcg every 24 hours.

Evorel is indicated for the oestrogen deficiency and associated symptoms due to the menopause (both natural and surgically induced). In a six month study in 549 women, Evorel-reduced the mean frequency of hot flushes from 10.5 to 1.4 per day and improved urogenital symptoms, particularly vaginal atrophy.

Ortho say that Evorel provokes with significantly fewer local skin reactions — less than 6 per cent of patients reported problems over six treatment cycles. Trials confirm that Evorel also detaches significantly less often than existing HRT patches because of its superior adhesion.

The patch is supplied in a

"memory" pack of eight patches which reminds users when the next patch should be applied as a further aid to compliance.

Dr John Stevenson, consultant endocrinologist and honorary senior lecturer at the Wynn Institute for metabolic research, says: "The advantage of the patch is that it avoids giving large doses of oestrogen to the liver. It is therefore less likely to cause the metabolic disturbances that can be seen with the oral route."

Product licence holder Ortho Division of Cilag Ltd, Saunderton, High Wycombe, Bucks HP14 4HJ
Presentation Square shaped, transparent, self-adhesive transdermal patch which releases 50mcg oestradiol in 24 hours. It consists of a mono-layered adhesive matrix through which 17 beta-oestradiol is uniformly distributed

Indications Hormone replacement therapy for the symptomatic relief of menopausal symptoms

Dosage A new patch should be applied to a clean dry area of skin every three or four days/twice weekly on a continuous basis. Unopposed oestrogen therapy is



not recommended in patients with an intact uterus

Contra-indications, warnings, etc Known or suspected malignant tumours of the breast, genital tract or other oestrogen dependent neoplasia. Undiagnosed vaginal bleeding, known or suspected pregnancy, severe hepatic, renal or heart disease. Because of a possible increased risk of breast cancer with long-term oestrogen therapy, the risk/benefit should be carefully assessed before treating for longer than five years. Close monitoring is recommended for patients with epilepsy, diabetes, hypertension or a strong family history of breast cancer. See Data Sheet.

Interactions Drugs which induce liver enzymes may alter oestrogen action.

Side effects Breast tenderness, bleeding and intermittent bleeding which reflect the known profile of HRT. Skin reactions.

Storage Store below 25°C

Legal category POM

Pack size Cartons containing eight patches, each in a sealed protective pouch (sufficient for one month's treatment). Basic NHS price £7.45

Product licence PL 0076/0158

Colorectal disease management

Patients with inflammatory bowel disease (IBD) should be encouraged to participate more actively in the management of their condition, say a group of experts on colorectal disorders.

Professor Michael Farthing, head of the St Bartholomews Hospital gastro-enterology department, told a Press briefing last week that his long-standing patients were supplied with medicines they could keep at home ready to take at the first sign of relapse.

"They rapidly learn what the medicines are for, what the side effects are and how to recognise the symptoms of relapse," he said. If they need reassurance they could telephone the hospital specialists rather than delay treatment by having to make an appointment.

Trials are about to start in 15 UK centres in which patients with IBD will carry their own record cards detailing the investigations they have had, the results and current treatment.

A philosophy of shared care between patients, GPs and hospital specialists is outlined in a new booklet, "Colorectal disease: Diagnosis and Management into the 1990s".

The booklet, which is available through Smithkline Beecham Pharmaceuticals, summarises the recommendations of a meeting held last September between GPs, specialists and surgeons. The meeting was convened by Colon Concern, the campaign to promote greater awareness of colorectal disease.

Plesmet syrup

Napp laboratories no longer manufactures or sells Plesmet syrup, contrary to recent entries in MIMS. Plesmet syrup is still available through Link Pharmaceuticals and any inquiries about the product should be addressed to **Link Pharmaceuticals Ltd, 41 Swan walk, Horsham, West Sussex RH12 1HQ.**

Lagap glibenclamide

Lagap Pharmaceuticals have introduced glibenclamide 2.5mg tablets (100 £3.20) and 5mg tablets (1000 £28.95). Stocks can be obtained via representatives or direct from **Lagap Pharmaceuticals Ltd. Tel: 0420 478301.**

Formulation change

Leo Laboratories have announced some formulation changes. Fucidin for intravenous infusion now consists of sodium fusidate BP 500mg (equivalent to 480mg fusidic acid) as a dry powder in ampoules with separate phosphate-citrate buffer. Pondocillin suspension in bottles now contains pivampicillin 175mg per 5ml as a granulate not a powder. **Leo Laboratories Ltd. Tel: 084-44 7333.**

Generics promotion

Unichem's latest generics broadsheet includes details of five new products including co-amlofruse tablets and ketoprofen capsules 100mg and 200mg. From February Unichem will be selecting a group of generic products to promote each month at competitive prices. This month's price promotions are on atenolol (all strengths), co-dydramol tablets (all strengths) and isosorbide mononitrate (20mg). **Unichem. Tel: 081 391 2323.**

Pancrex 300

Paines & Byrne are introducing 300 pack presentations of their Pancrex range in addition to the 100 packs. The new presentations are: Pancrex Granules 300g; Pancrex V powder 300g; Pancrex V capsules 340mg x 300; Pancrex V capsules '125' x 300; Pancrex V tablets x 300, and Pancrex Forte tablets x 300. **Paines & Byrne Ltd. Tel: 0932 355405.**

Vitamin Capsules

PSNC say supplies of Vitamin Capsules BPC are now available from the manufacturer and are being supplied through the usual channels.

Tamoxifen — no adverse effect on bone

Long-term tamoxifen treatment does not adversely affect bone turnover in women with breast cancer according to research published in this week's *British Medical Journal*.

Tamoxifen, the non-steroidal anti-oestrogen, is widely used to treat breast cancer, predominantly in postmenopausal women. If tamoxifen were to exhibit anti-oestrogenic effects on bone, women receiving long-term treatment could be at greater risk of osteoporotic fracture.

This study obtained full

thickness biopsy specimens from 41 postmenopausal women with breast cancer, providing the first histological data on bone turnover in women receiving long-term tamoxifen.

Normal trabecular bone area was preserved in tamoxifen patients suggesting that the drug has either neutral or oestrogenic effects on bone. A lower rate of tissue based bone formation also supports this hypothesis, as an anti-oestrogenic effect would be expected to produce an increased rate of bone formation.

Counterpoints

Vichy focus on ageing with Capital Soleil

Capital Soleil is the new range of sun protection products from Vichy.

Developed using their new UVA filter mexoryl SX (C&D Jan 30), which is said to be more effective at filtering short wave rays, the products contain a patented "sun ageing protection system" comprising UVB filters, infra-red protection and the anti-free radical agent vitamin E. The products are water-resistant, hydrating and non-comedogenic, say Vichy.

The brand has been named Capital Soleil, as in dermatology it means "sun capacity", or the skin's natural sun defence capacity, which is different in everyone. The range has been developed, says Vichy, to protect the skin's capital soleil.



There are seven products in the range: four milks for use on the body, three creams for face and other sensitive areas.

They are: total sun block milk SPF 25 (125ml); protective sun cream SPF 15 (40ml); protective sun milk SPF10 (150ml); tanning cream SPF8 (40ml); hydrating tanning

milk SPF6 (150ml); tanning cream SPF4 (40ml); tan activator milk SPF3 (150ml).

All products retail at £8.95 each. The products will carry the UVA star rating when sold in Boots.

The creams come in plastic tubes, whose patented closure system consists of a swing top,

which can be operated with one hand, and a one-way, self-sealing valve to keep out sand and air. The milks have flip-top lids.

Existing Vichy sun products will continue to be sold, alongside the new Capital Soleil range. **Cosmetique Active. Tel: 0235 526747.**

Unichem offers on sunglasses

Unichem have launched their 1993 sunglasses range, which they say come in a variety of styles and shades to suit all consumers needs.

There are two pre-packs available. One comprises 72 pieces with a free counter stand that holds 36 pieces. The other contains 36 pieces plus free stock worth £19.97 at retail.

Both trade offers represent a 48 per cent POR, say Unichem. The 72-piece pre-pack plus stand costs £228.80 and the 36-piece pre-pack with free stock costs £114.40.

The recommended selling prices range from £4.99 to £9.99. **Unichem. Tel: 081-391 2323.**

AAH new sundries portfolio

AAH have launched a 48 page sundries catalogue offering an easy reference guide to the 1,000 products included in their new sundries portfolio.

The products fall into three main categories: baby care/feeding, hair care/manicure and general sundries.

The catalogue has a loose leaf format, which allows it to be updated on a regular basis. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

Cystemme support

Cystemme is being supported this year with advertising on the London Underground and posters in the Tyne Tees region.

Abbott Laboratories will be awarding discretionary £20 Marks & Spencer vouchers to pharmacists who display two or more facings of Cystemme during April or put up the shelf edger.

A guide for pharmacy assistants is available by writing to **Abbott Laboratories, Queenborough, Kent ME11 5EL. Tel: 0628 773355.**

Plug Ins campaign

S.C. Johnson are spending £1 million on a national television campaign for Glade Plug Ins.

Beginning February 22, the four week campaign will be supported by a further promotional, PR and advertising support. **Johnson Wax Ltd. Tel: 0276 63436.**

Milupa Junior Foods aim at 'the older baby'

Milupa have launched Junior Foods, a range of dry babyfoods which they describe as "textured meals for the older baby".

They are targeted at babies aged three to seven months, to enable mothers to bridge the gap between feeding smooth and family foods, say Milupa. Each variety contains bite-sized pieces of food, providing a textured composition which encourages babies to chew.

Junior Foods have varieties across all mealtimes. Junior Breakfasts include Country Muesli and Orange and Passion Fruit. Junior Savoury varieties comprise Tomato & Steak Hotpot, Harvest Vegetables & Chicken, Pasta Bolognese and Italian-style Vegetable Pasta, which is suitable for vegetarians. Junior Desserts include Apple & Vanilla Sundae and Polka Dot Delight.

Each pack features photography showing a



bowl of made-up food highlighting the texture, quality and more "grown up" nature of each variety. The packs also carry the brand's white information band across the front, giving details of the variety, age stability and nutritional information. Instructions for use are on the backs of each pack.

Milupa has invested over £3 million in a programme of promotional support.


Activities include a £2m advertising campaign, including television, and a specific Junior Foods national consumer Press programme.

The junior foods sector is worth £40m and is set to increase by 50 per cent by 1996, due to the rising birthrate and more working mothers demanding convenience foods, say Milupa. **Tel: 081-573 9966.**

Collection 2000 designs

Collection 2000 have extended their range of eau de toilettes to include 22 variants (£3.49 each) and nine bodysprays (£0.99 each).

The 50ml fragrances come in new hexagonal-shaped bottles for easy handling and feature a new single action natural pump spray. **Collection 2000 Ltd. Tel: 0732 453213.**



For your customers it's more than just a pain.
It's an irritation.

Household detergents, perfumes, nickel in jewellery, insect bites can all cause painful skin irritations, including allergic and irritant contact dermatitis. And you can't recommend a more effective treatment for these conditions than 1% hydrocortisone.

H^c45, the leading OTC 1% hydrocortisone, is a non-greasy cream that reduces the redness and swelling of irritated skin. It also relieves itching, soothes and calms the soreness of the skin and promotes healing.

Research also shows that customers follow your directions and use H^c45 correctly¹. As you know, proper use means twice a day for seven days or less. In between those treatments, generous application of Cream E45 can provide extra soothing relief.

No wonder H^c45 is recommended more than any other OTC hydrocortisone cream. And no wonder we see H^c45 as an essential part of the complete skin care programme provided by the E45 range.



EFFECTIVE TREATMENT FOR INFLAMED & IRRITATED SKIN

Reference: 1. Martin Hamblin Research. The Purchasing of OTC Hydrocortisone, January, 1990.

For detailed information on H^c45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

Sweet offerings from Canderel

Two new on-pack offers on Canderel will be available from the end of February.

Jars of Canderel Spoonful (40g) will feature a free pack of 30 tablets strapped onto the side, while Canderel Tablets (100 size) will benefit from 10 per cent extra free on each pack.

Canderel will also be supported by Press advertising throughout July and August in targeted women's publications. **Searle Consumer Products. Tel: 0494 521124.**



Grafic promotion supports pharmacy

The Grafic hairstyling range from Laboratoires Garnier is running a gift with purchase promotion exclusively through independent pharmacies until the end of February.

Concentrating on the curl sub-range, Grafic will offer a free Grafic Curl Spray with any purchase from the Grafic range.

Garnier have also linked the Grafic range with the *Clothes Show Magazine* to sponsor the Grafic/Clothes Show Model of the Year 1993 competition.

A five page editorial feature on the Grafic range will appear in every issue of the magazine, while throughout 1993 a live catwalk event will be held in a major shopping centre to find the Model of the Year.

In addition, Grafic will offer live photo sessions, Grafic hairstyle makeovers and coupons entitling consumers to 50p off any Grafic product purchased. **Garnier. Tel: 071-937 5454.**

New directions for Yardley Group

Yardley cosmetics are taking on a dramatic new look, with redesigned packaging and new products with skincare benefits.

All products now contain camellia oil to moisturise plus vitamins E and B5, and incorporate UVA and UVB sunscreens.

The new packaging uses soft, rounded shapes with a matt finish. Products are colour coded blue for the primary range, green for long lasting lines and ivory for sensitive items.

The product range has been rationalised, with the addition of blushers and nail enamels. There are now three types of foundation: tinted moisturiser for light coverage (£4.95, three shades); liquid foundation for medium cover (£3.95, six shades); powder cream foundation for convenience (£5.95, six shades).

Powder cream concealer (£2.95) is available in three shades. Face powders are now jet-milled for a smoother, softer finish. Blusher (£3.95) is available in a choice of six shades.

Eyeshadow comes in duos (£3.45, eight choices) and trios (£3.95, six choices) and contains extract of cornflower and eyebright.

There are three new mascaras: lengthening and conditioning (£3.95, three shades), based on the current ESP mascara; waterproof mascara (£3.95, three shades); sensitive mascara (£3.95, three shades), which is suitable for contact lens wearers.

Also available are Kohl definer (£2.95, five shades), brow definer (£2.95, two shades) and eye defining pen (£3.95,

black only).

For lips there is moisturising lipstick (£3.45, 30 shades), longlasting lipstick (£3.45, 12 shades) and lip definer (£2.95, four shades). Matching nail enamel (£2.95) comes in 14 shades, plus a top and base coat.

A new range of skincare products includes: gentle cleansing lotion (150ml £3.95), refreshing skin

cream, shower gel and shampoo. The launch will be supported by Press advertising and gift with purchase offers.

• English Blazer is aimed at the 35 plus group and is a classic blend of fresh citrus notes and lavender, rosemary, bergamit and basil, contrasting with warm, spicy notes.

Products include aftershave, eau de toilette, APD roll-on and stick,



tonic (150ml £3.95), replenishing daily moisturiser (100ml £3.95), effective eye make-up remover (100ml £3.95), enriched day cream (45ml £4.95), nourishing night cream (45ml £4.95) and foundation cream (40ml £3.95).

A £2 million campaign will support the launch, with television and Press advertising.

• New activity in the male fragrance market includes two new ranges — Yardley Original and English Blazer. Original is aimed at younger men, the fragrance is a rich fougere with fresh, herbal and spicy notes.

Products include aftershave, eau de toilette, APD, shaving soap and

deodorising talc and bodyspray.

• Tweed has been brought up to date with a redesigned bottle and packaging and subtle refinements to the fragrance, with the aim of appealing to younger consumers.

Presented in a rich green and amber box, the bottle is slim and elegant. The relaunch will be supported by television and Press advertising, starting in May.

• Additions to Yardley English Lavender include refreshing shower gel, pampering creme bath, moisturising body lotion, lavender water and cologne stick. **Yardley Lenthic Group. Tel: 0276 62211.**

Dettox: 'Dinner's on the table'

Dettox anti-bacterial cleanser is back on television this month after more than a year off the air.

The "Dinner's on the table" advert will be seen in two bursts during February and March, as part of a £2.5 million spend this year on national television and Press across the Dettox range of products.

It will be screened on GMTV, all ITV stations and Channel 4, reaching the core target market of women and first time mothers with children under four.

Hard surface cleaners are a buoyant category within the household products market with sales up 12 per cent year on year to £116m, say **Reckitt & Colman. Tel: 0482 26151.**

Rose with English Lavender

Norfolk Lavender have extended their products with the launch of Rose with English Lavender.

The range, which includes colognes, hand and body lotion, bath and shower gel, liquid soap, sachets and talc, has not been tested on animals and contains no animal ingredients or animal fixatives.

Orders placed before April 30 will be entitled to a free gift of a travel pack containing two Rose with English Lavender soaps, and a Rose and English Lavender travel item. **Norfolk Lavender. Tel: 0485 70384.**

A splash of Colors from Kent

Kent are launching Colors, a range of colour co-ordinated hairbrushes and combs aimed at the teenage market.

There are four brushes and two combs, in a choice of three colourways — shocking pink/blue, red/green, and blue/yellow.

The range comprises a radial brush for blow-drying and creating curls; a half-radial multi purpose styler; a half-radial brush with

flexible rubber cushion for styling; a tunnel vent brush for swift blow-drying; an afro-comb; and lastly a wide-tooth comb for wet hair.

All the brushes have rubberised quills and ball tips, and are heat-resistant.

The Colors range is packaged in acetate window cartons suitable for hanging display and retail between £1.55 and £3.95. **Kent. Tel: 0442 232623.**



NEW

Slim·Fast

Nutrition Bars



- LOW CALORIE, HIGH FIBRE NUTRITION BARS
- THREE DELICIOUS FLAVOURS
- AVAILABLE IN SIX BAR CARTONS AND DISPENSERS FOR SINGLE BAR SALES

Put Slim·Fast Nutrition Bars beside your till to maximise the profit opportunity.

ORDER NOW

Slim·Fast®

Gentle addition for Sure

Sure Sensitive is a new anti-perspirant deodorant for women which is gentle on the skin and can be used directly after shaving.

The range was developed following research which revealed that some 90 per cent of UK women shave under their arms, with 50 per cent shaving once a week.

Sure Sensitive offers the promise of protection against wetness and odour, but is gentle on the skin, says senior brand manager Manita Khuller.

The formulation includes aloe vera and the aerosol is said to leave less powdery deposits on the skin. Products are alcohol-free.

The roll-on is claimed to be the first in the UK to use a volatile silicone suspension, allowing the product to glide on easily without stickiness.



It is available in three variants: Vitality, a floral with citrus and marine notes; Spring Dew, a fresh fruity scent; and Unscented, which contains a masking fragrance to cover body odour, but will not clash with perfume or body spray. The aerosol

(150ml) retails at £1.79 and the roll-on (50ml) at £1.39.

The launch will be supported with a £3 million advertising campaign, beginning with television on April 5 and followed up with adverts in the women's Press.

Unichem's simple solutions

A new catalogue containing around 200 aids for the elderly and disabled has been launched by Unichem. Called Simple Solutions, all the products in the catalogue are designed to make every day tasks easier.

A free copy of the catalogue will be issued in Unichem's March offers book, while pharmacists can order additional copies in packs of 25 for £8.50.

To attract customers' attention, a new display unit has been introduced which can be displayed in the window or on the counter where customers can browse through the catalogue. Unichem. Tel: 081-391 2323.

New support for Plax

Plax mouthrinse is being supported by a second burst of television advertising featuring the "Ageing" commercial.

Due to be aired at the beginning of March for two months, the 20-second commercial features a man getting older as he brushes his teeth.

The national campaign will target existing and potential mouthrinse users. Colgate-Palmolive Ltd. Tel: 0483 302222.



Simply Gentle launch new children's range

Simply Gentle have launched a range of baby and children's wet wipes.

Babes — strong soft wipes containing no bleach or perfume — are offered in five different packs covering box and drum options.

Sheets are available as a 50 sheet re-usable box, with an easy to locate clasp and efficient seal, a 50 sheet refill pack, or a banded pack of 50 sheet box and refill.

Drums are available in jumbo economy size of 150 pre-threaded sheets or as 100 pre-threaded sheet drums.

Grubbies are aimed at young children. Available in bright, colourful 200 pre-threaded sheet

economy drums, they are hypo-allergenic with a lemon fragrance.

A special novelty pack is also available. Called the Gubbiphant, the 84 sheet container has enormous child appeal, according to Simply Gentle, and can be re-used as a money box or container for pencils or crayons.

Babes and Grubbies will also be supported by a consumer promotional campaign including television commercials and PR campaigns in women's magazines and the national Press.

Attractive POS material and regular promotion will be offered as well. MacDonald & Taylor Ltd. Tel: 061-627 3848.

Fragrant expansion at Crabtree & Evelyn

Crabtree & Evelyn have added the Veranda fragrance to their range of toiletries and fragrance for the home.

An evocative fragrance with a heady floral bouquet of southern magnolia and jasmine, interwoven with sweet tuberose, the new Veranda collection will be available in the following toiletries: triple-milled soap (£6.45); shower and bath gel (£6); body lotion (£7.25); body powder with puff (£8.50); and eau de toilette (£14.50).

Veranda will also be available in fragrances for the home including: potpourri (4oz £6.95); room spray (£6.50); environmental oil with light bulb ring diffuser (£6.50); scented padded hangers (pair £8.95); beeswax candle (£10.50). Crabtree & Evelyn. Tel: 071-603 1611.

In-store support includes display trays and shelf edgers.

In addition, the regular Sure range is being relaunched with revised packaging and graphics, with the aim of achieving a 19 per cent market share by the end of the year.

The formulation has been improved and now offers "body responsive" protection, which means it protects according to need.

The relaunched range will be backed by a £3.5m television campaign, featuring the "body responsive" proposition.

All the Sure for Men products now feature micro-encapsulation technology (ISME), initially used only in the Sure Powerstick. This means that as the body heats up, the micro capsules containing the deodorant break down, releasing more protection.

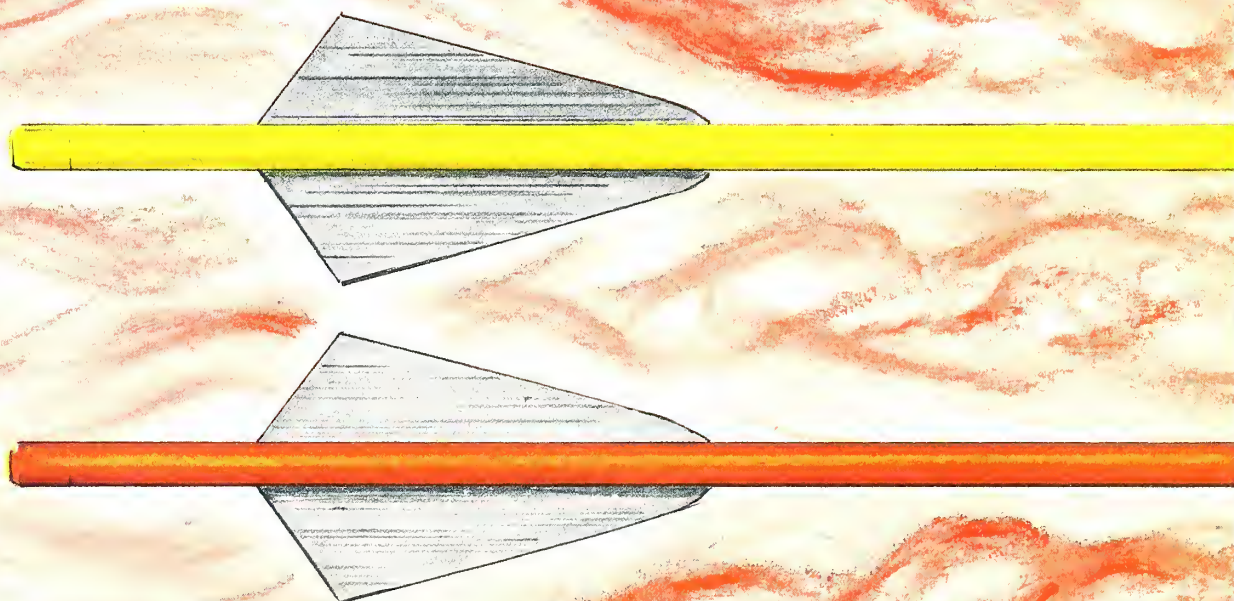
The deodorant market is growing at the rate of 9 per cent a year, with a predicted value of £246m for 1993. Elida Gibbs. Tel: 071-486 1200.

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Actifed:	CAR
Aquafresh Flex:	All areas
Askit powders & capsules:	STV, G
Beechams:	All areas
Benlylin:	All areas except C4
Colgate toothpaste:	All areas
Hills Balsam:	G, C, M, A, HTV, STV, W, GTV, B
Harmony Protectives:	All areas
Impulse:	All areas
Jordan Magic toothbrush:	GMTV
Lynx:	All areas
Nicorette Patch and Gum:	All areas
Peaudouce:	C4, GMTV
Rapeze:	A, LWT, CAR
Remegel:	GMTV
Sanatogen vitamins:	G, Y, C, A, HTV, W, LWT, CAR
Sanatogen cod liver oil:	G, Y, C, A, HTV, W, LWT, CAR
Seven Seas cod liver oil:	All areas
Slim Fast:	All areas
Timotei:	All areas
Vaseline Derma Care:	All areas
Veno's:	All areas
Wrigley's Extra & Orbit:	All areas

THERE'S NO STOPPING US NOW...



NEW SOLPADEINE® NOW IN TABLETS AND

The background of the entire page is an abstract composition. It features a solid red field at the top and bottom. In the center, there are three horizontal bands of white space. Each white band is decorated with soft, painterly, wavy red strokes that resemble watercolor or pastel. These bands are separated by thin, solid red horizontal lines. The overall effect is one of dynamic movement and high contrast.

ON TARGET FOR EVEN GREATER SUCCESS.



The number one brand in pharmacy now goes one better.

Now Solpadeine, the leading pharmacy O.T.C. analgesic, is available in tablet form. So it's right on target.

To launch new Solpadeine Tablets we're spending £3M on national TV targeting millions of adults with the news that Solpadeine Tablets are "designed on computer to make pain relief easier to swallow".

New Solpadeine Tablets in 12's, 24's and 60's.

 **STERLING
HEALTH**

Marcel's approach to hair removal



Innovative additions to the Louis Marcel depilatory line-up include a rinse off wax, Cucumber Gel hair remover and Marshmallow Cream hair remover.

Salon Wax is a new rinse-off formula wax on re-usable strips, which claims to offer salon quality results. It will not leave residue on the skin, says the company. It is used by warming the strips between the hands before applying to the skin and removing it in one quick action.

It comes in a pack containing six double re-useable strips (£4.79).

Cucumber Gel hair remover (125ml £3.99) will remove hair for up to two weeks and leave skin feeling soft, says the company. It comes in a tube sponge application, making use easy and mess-free.

Marshmallow Cream hair remover (125ml

£3.99) also comes in the new smooth-on sponge tube applicator and will soothe and moisturise skin.

The launch of the products will be supported by a Press campaign and in-store offers. **Sara Lee Household & Personal Care.** Tel: 0753 523971.

Extra soft offers

Soft & Gentle anti-perspirant deodorant will be featured in a new promotion.

An extra 25 per cent free will be offered on all four

variants of the 150ml Soft & Gentle, with an extra 20 per cent free on all variants of roll-on Soft & Gentle. **Colgate-Palmolive Ltd.** Tel: 0483 302222.

Additions to Ligne Noire

Plenty of Scents have expanded the Ligne Noire range with the additions of eight perfume oils and two incense stick holders.

The new oils feature exotic, floral fragrances, presented in elegant, black and gold packaging.

The incense stick burners depict the flower featured on the Ligne Noire packaging and an elegant seated cat. **Plenty of Scents.** Tel: 0905 57477.



Whitehall Laboratories have revised and redesigned their consumer booklet "Aches and pains and how to deal with them". The new pocket-sized guide contains separate sections covering topics such as headaches, neuralgia, rheumatic pains and sports injuries, each of which has details and causes of each kind of pain and ways to prevent and treat it. **Whitehall Laboratories.** Tel: 0271 45935.

Cupal support

Seton are supporting their newly acquired Cupal and Meltus brands with a Press campaign in national newspapers until the end of March. **Seton Healthcare.** Tel: 061-6522222.

Labello on TV

Labello lipcare sticks are being advertised on television until March. The commercial is aimed at 16-24 year old women. **Smith & Nephew Consumer Products.** Tel: 021 327 4750.

Discounted...

AAH are offering 15 per cent off trade prices on new Vantage Ultra boy/girl nappies. Customers ordering a minimum of five outers can claim a 12.5 per cent discount, and by ordering a minimum of eight outers can claim a 15 per cent discount. **AAH Pharmaceuticals Ltd.** Tel: 0928 717070.

Shaving offer

Colgate-Palmolive are introducing price promotions across their range of shaving preparations. **Colgate Palmolive Ltd.** Tel: 0483 302222.

Silver donation

Ever Ready have linked up with the Edinburgh Fire Service and donated hundreds of Silver Seal PP3s batteries to them to distribute locally to old age pensioners. **Ever Ready Consumer Products Ltd.** Tel: 081-202 3171.

Shop wear offer

Vantage members ordering one to three items of shop wear in February and March will qualify for a 10 per cent discount. Those ordering four or more promotional items can claim a 12.5 per cent discount. **AAH Pharmaceuticals Ltd.** Tel: 0928 717070.

Ahava join Zena

Zena Cosmetics have been appointed the UK distributors of the Ahava skin/healthcare range by Dead Sea Laboratories Ltd of Israel. Zena will be launching a new promotional campaign during 1993 for the range, including sampling, gift with purchase offers and Press support. **Zena Cosmetics (UK) Ltd.** Tel: 071-584 8746.

1993 campaign

Neutrogena's key products, Norwegian Formula hand cream, T/Gel shampoo and T/Gel conditioner, and Neutrogena shampoo will be supported by a £1.2 million advertising campaign lasting until the end of April. **Neutrogena (UK).** Tel: 0494 474787.

Babycare offers

Vantage members can gain a 12.5 per cent discount on orders of four or more outers of own brand baby bathcare, lotion, oil, as well 50ml extra free on 250ml shampoo and baby wipes fragrance and fragrance free in extra fill of 96 (normally 84). The offer lasts until March 26. **AAH Pharmaceuticals Ltd.** Tel: 0928 717070.

New tins

Zubes, Blackcurrant & Glycerine pastilles and Hurricane mints are now available in new tins. A counter top display stand has been produced, which holds 18 tins. **Ernest Jackson.** Tel: 0363 772251.

Try Sunshimmer

The Coty Sunshimmer range of artificial tanning products is being promoted with 30ml trial size versions of the Self-Tanning Lotion and Self-Tanning Milk (£1.99). They will be available from March to the end of April. **Beauty International.** Tel: 0491 33333.

Keep your Strepsils and Karvol units on display!

THE MYSTERY SHOPPER'S IN YOUR TOWN FOR ANOTHER 7 WEEKS!

Here for the third week! The Mystery Shopper is back by popular demand and Crookes Healthcare have pleasure in announcing this week's £75 cash prize winners. Sponsored by leading coldcare brands Strepsils and Karvol, the competition includes an overall £5,000 cash bonanza draw which will take place once all ten week's winners have been chosen for it. So watch this space and keep your display units fully stocked. It could be you next time round as there are seven more weeks still to go!

- D Robson, Spennymoor, Co Durham
- T Thacker, Nash Chemist, Accrington
- D Rothwell, Roughwood Chemist, Anfield, Liverpool
- L Ward, Karsons Pharmacy, Stockport, Cheshire
- D Thakkar, Croakshire Ltd, Manchester
- Mr Hall, Hepworth & Hall, Tyldesley, Manchester
- T Bak, Winsom Chemists, Warsop, Mansfield
- H Roberts, Lewis & Roberts, Stapleford, Nottingham
- J K Mann, Hucknell, Nottingham
- J C Wootton, Rhymer, Gwent
- R Sanghani, Fairwater, Cardiff
- A Blogg, Grasmere Way, Cowplain
- T Patel, Copnor Road, Portsmouth
- Mr Badani, Bushey Pharmacy, Watford
- J S Gujral, Church Road, Burgess Hill

- B Foster, High Street, Holbeach, Lincs
- P Watson, J H Evans, Cherry Hinton, Cambridge
- Mrs Mistry, Ley Street, Ilford
- Mr Patel, Ackers Chemist,

- Swanscombe, Kent
- J Thornton, G W S Davie, Bromley, Kent
- C P Patel, The Village, Charlton
- B J McGrath, Glen Road, Andersontown, Co Antrim

MYSTERY SHOPPER



January

**WHY 1993
SHOULD BE
A GOOD YEAR
FOR SMILES**

February

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26	27	28	29	30	31	

It may surprise you to know that the incidence of *caries in young children is no longer declining*. In fact, in certain areas, it is actually increasing.

Fluoride supplements (tablets and drops) are well proven in preventing caries in children. Because they work by strengthening enamel during tooth development, they give teeth lifelong protection.

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Reference

1. Evans DJ, Dowell TB. Comm Dent Health 1991; 8 : 185-94

FluoriGard
Protection on prescription

Leading the way

One of the first things to strike you when you talk pharmacy with Andrew Burr is his commitment to his profession and his ability to talk at length about his views.

You are also left slightly dazed at the seemingly endless energy with which he tackles his job as pharmaceutical adviser to Mid-Glamorgan Family Health Services Authority.

In fact, Andrew has a tripartite role. In addition to his job at the FHSA he also holds positions at East Glamorgan Hospital and the School of Pharmacy in Cardiff. And if that isn't enough he is the current chairman of the Young Pharmacists Group.

But its his role as project co-ordinator of Mid-Glamorgan's formulary development programme that is currently attracting the most attention. Projects involving formularies and the review of repeat prescribing look set to boost the pharmacist's role in the primary healthcare team and are raising some interesting questions for the future.

"Pharmacy must show that it can achieve definite outcomes," Andrew believes. "We can talk until we're blue in the face about having money up-front for this and that but the day pharmacy shows without a shadow of a doubt that it improves patient care then the Government can no longer argue about developing the extended role."

Andrew is himself the son of a community pharmacist from Nuneaton, Warwickshire. He studied pharmacy at Leicester School of Pharmacy and stayed in Leicester to complete his preregistration in hospital. He then completed an MSc at Sunderland with Dr Roger Walker, developing a formulary for cardiovascular drugs. Deciding to take his work further he opted for a PhD at Cardiff. PACT was the chosen topic and Mid-Glamorgan FHSA took the project on board.

The project is ambitious, recruiting 60 GP practices to allow them to develop their own practice formularies. Initially, Andrew explains, his colleagues were sceptical about his chances of success, but perseverance paid off and 92 out of the county's 105 GP practices volunteered, leaving him to turn some down.

Portable computer

When he visits a GP surgery, Andrew takes a portable computer loaded with graphs showing the practice's prescribing levels compared to the FHSA average. It also shows the age profile of patients.

The data shows the extent to which the practice uses different groups of drugs and can be broken down by generic name. Andrew can ask the GPs why they use a particular drug



Ever the optimist about the future of pharmacy, Andrew Burr has strong views on the way forward, many of which he is putting into practice in Mid-Glamorgan. C&D News Editor Jane Feely spent a day with the country's youngest FHSA pharmaceutical adviser

in preference to another and can offer independent advice based on current medical literature. But, he stresses, it is the GPs who have the last say, if they want a certain drug in their formulary, they have it.

The question of cost does arise but Andrew stresses that this is not the main concern. "The whole project is based on rational prescribing, on appropriateness, safety and efficacy," he says. "Only if all these are equal will we discuss cost."

Andrew is quick to point out that some of the interventions he suggests, such as the use of inhaled corticosteroids in asthma, will actually increase prescribing costs.

In the field

Many of these observations are borne out at one of Andrew's meetings with a practice of three GPs in Bargoed, headed by Dr Williams.

Getting the GPs together did generate discussion on which medicines they used to treat different conditions and why. Examining Andrew's graphs showed some differences between the practice and the FHSA average, which sometimes surprised the doctors. The discussion also revealed personal variations in prescribing preferences.

If cost was mentioned at all it was invariably the doctors who raised it. When trying to decide between different preparations

for the formulary, one or other would invariably ask: "What's the difference in cost?"

All therapeutic areas are tackled at one of six to ten such meetings with each practice. Eventually, the GPs will get a copy of their own formulary as will their local pharmacists although their copy will have added counselling information.

By the beginning of April, Andrew hopes to have finished all his meetings and to have distributed the formularies. It is then a case of monitoring the impact of any changes.

This is definitely not a job for the faint hearted. In order to discuss all the therapeutic areas with the 60 GP practices he holds meetings in the evenings, Saturday mornings and even Sundays. "To say life has been hell is an understatement," he laughs. "I have had no social life, I just see GPs."

Andrew is also aware that he is less than popular with the pharmaceutical industry. "GPs joke that there are effigies of me in every pharmaceutical company," he says. "The problem is that we have gone out and targeted things with the result that certain drugs are no longer prescribed."

'I'm a pharmacist'

So why does Andrew feel his project has been successful? Without a doubt one of the reasons is his pharmaceutical training.

"I make no apologies for

telling the doctors that I'm a pharmacist and this is what pharmacists can offer," he says.

"Doctors often have no conception about what a pharmacist knows and often regard the community pharmacist as an expert. On numerous occasions they will ask me what I recommend."

Possibly as a result of this, Andrew's study, the largest of its kind in the country, has been well received by GPs. And it is already reaping benefits. While Mid-Glamorgan is overspent (as are all FHSA's in Wales) its projected out turn has fallen dramatically in the last 12 months.

"We are seeing GPs spending the same on cardiovascular drugs as they spent a year ago. On antibiotics we've seen falls with some GPs from 28 per cent above the FHSA average to 14 per cent below. But in turn we've seen increases in respiratory costs in some areas."

FHSA support

Mike Jenkins, FHSA general manager, says it is too early to gauge the project's success. The work, which is intended to be an educational exercise, is going well, he says. "I'm very supportive of the idea of community pharmacists becoming members of the primary healthcare team. That must be their future."

While this all sounds

Continued on p314

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Getting down to business, Andrew Burr in discussions with Dr Williams, a GP in Bargoed

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Continued from p312

impressive, Andrew is also very aware that any changes to the number of prescriptions has important implications for pharmacists. He believes that concerns over remuneration may account for the reluctance of some pharmacists to get involved in advising on PACT.

A second project, due to start in April, will hopefully look at balancing any negative financial effects by paving the way for pharmacists to be paid for their advice.

Successful bid

Mid-Glamorgan, under the auspices of the University of Wales and the Medical Audit Advisory Group, has successfully bid for £46,000 for a project looking at the rationalisation of repeat prescribing.

This involves GPs looking at those of their patients who are on six or more drugs and reviewing 20 of them with a clinical pharmacist. Interventions will be suggested, discussed with the patient and, where appropriate, implemented. They will be reviewed six months later, hopefully demonstrating improvements in patient care.

Andrew is excited by the prospect of demonstrating that the involvement of pharmacists can improve patient care. He hopes eventually to see pharmacists regularly involved in repeat medication clinics.

"The future for pharmacy is very much towards pharmacists using their expertise on drug therapy," he says. "If pharmacists can show they can improve patient care, they will secure their future. If not, they will remain as they currently are — particularly in community pharmacy — under threat."

Andrew is also a supporter of continuing education. Before he can achieve these review clinics and pay pharmacists for their involvement, he says there has to be some move towards continuing education. The knowledge base of pharmacists has to be directed so that they feel they are contributing to overall patient management.

Through links with Dr David Temple at Cardiff University, Andrew is arranging interactive workshops for pharmacists on topics including asthma, diabetes and infections. Sample scripts are examined and interventions discussed. Attendance has been encouraging.

"I am trying to put over the idea that GP prescribing is not just a GP problem," he explains. He is fed up with hearing pharmacists phoning the GP to say they have a problem with his prescription. It shouldn't be like that. It should be we have got a problem.

Existing barriers

Andrew acknowledges that there are a number of barriers to extending pharmacy's role. In addition to improving the knowledge of practising pharmacists, standards of premises and relationships with GPs also need to be tackled.

In the short term, he would like to see the use of referral forms, ADR notification, "appropriate" diagnostic testing and domiciliary visits. He is also in favour of therapeutic drug monitoring although possibly with the pharmacist interpreting the results rather than doing the actual test.

Medium term aims include the review of medication clinics, the introduction of pharmacy consultants and maybe second pharmacists, and to see the pharmacist become an integral member of the primary healthcare team.

He is keen to see continuing education and the attainment of postgraduate qualifications linked to the development of the extended role and to the payment for these services.

Watch the YPG

While Andrew says he finds it almost impossible to put a different hat on when talking about the Young Pharmacists Group, he has strong views about its direction and promises of activity to come. He sees the pharmacy profession as something of a supertanker and the various common interest groups like the YPG as tugs pushing and pulling the main ship.

The two fundamental issues that the profession needs to address are continuing education and the standard of pharmacy premises, Andrew believes.

"Every single pharmacist, regardless of age or affiliation, needs to take this on board," he says. "If there is any diminution in the role of the pharmacist, many will blame the Society for a lack of lead, but we should also ask what each pharmacist has done to contribute."

Andrew is eager to see the YPG talking to other groups — the CPP, BPSA, the Guild of Hospital Pharmacists, PSNC and the UKCPA — to see if they can find common ground.

"I believe that pharmacy has a positive future," he continues. "I believe that the *status quo* has to change to achieve that future. I will do, and the YPG will continue to do, everything to ensure that the profession improves. We are not out to upset people but obviously if you try to change things you will have your critics."

While the YPG has been criticised in the past as naive, especially for insisting that quality of patient care should come before cost, Andrew believes this attitude is shortsighted. Many members now hold influential posts and are no longer "straight from BPSA and newly-qualified".

"Over the next year, if you want to watch a group change, watch the YPG. Watch how the strategy, the planning that has gone on for a number of years, now comes to fruition."

And while we are making predictions for the future, it is a safe bet that pharmacy will be hearing a lot more from Andrew Burr and the YPG in the years to come.

AN ANXIOUS MOMENT

Professor Alain Li Wan Po, School of Pharmacy, The Queen's University of Belfast, reviews treatment of anxiety and insomnia in the light of Government proposals to add anxiolytic and hypnotic drugs to the Selected List. This is the second in a series of articles looking at each of the ten therapeutic categories which will join the extended List later in the year.

The treatment of anxiety and insomnia currently poses unique ethical and practical problems for the prescriber. Much of the dilemma is due to the major shifts in societal and expert perception of the value of existing anxiolytics and hypnotics.

The blame is often directed at the pharmaceutical industry. While some of this is justified, most objective observers would accept that perhaps attribution of blame should be broadened to include:

- The prescriber who was too liberal with his prescription and who delegated any subsequent unaudited repeat prescribing to his receptionist
- The pharmacist who diligently dispensed prescriptions while reassuring patients that the symptoms of dependence which they complained of were due to the disease, and not the drug
- The patient and his relatives who sought immediate relief for complex conditions which demanded behavioural and social management, rather than pharmacological solutions
- Government departments who saw pharmacological management as an efficient method for reducing the costs of providing labour-intensive community support to those who subsequently became victims of the so-called "Valium society", and lastly
- The media, which initially welcomed benzodiazepines as the solution to human misery and subsequently as a demon hatched from the laboratory to make undeserved billions for greedy industrialists.

The industry was, of course, not blameless. While various companies developed theoretically improved

molecules, they were sometimes too busy promoting them in competition with numerous other similar compounds to worry about clinically validating their safety with properly designed post-marketing surveillance.

If inconvenient signals of drug dependence came through they were not loud enough to divert the marketing effort.

In hindsight all the parties concerned, including the regulatory authorities, probably would have wished to have acted differently. Only the lawyers seem to have gained from these sad episodes.

Some would argue that it was abuse of the anxiolytics and hypnotics and the huge profits made from them that provided the Government with a platform for to start blacklisting specific pharmaceuticals.

It is against this background of changing perceptions, which is conducive to over-reaction, that the anxiolytics and hypnotics and their clinical use is being reviewed.

Management of anxiety

Anxiety is usually a normal response to any stressful situation and as such prepares the individual to react in a positive manner. Unfortunately, in many individuals, the state of anxiety is heightened to such an extent that the associated autonomic symptoms become incapacitating.

Tremors, palpitations and hyperventilation interfere with physical function and the anxiety leads to a state

Continued on page ii



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characterised by irrational feeling.

Treatment of anxiety may be both pharmacological and non-pharmacological, with the latter gaining increasing favour as the limitations of existing drugs become more apparent.

Supportive therapy, along with behavioural therapy, cognitive therapy and relaxation techniques have all been claimed to be effective. However pharmacotherapy is usually required when the anxiety state is severe or characterised by panic attacks.

Insomnia

On average we sleep about eight hours a night. Some need more sleep but others can manage on considerably less. Insomnia is diagnosed when the person affected is dissatisfied with the amount and/or the quality of sleep which he or she gets, and as a result feels irritable, anxious and in poor form.

Most often the problem is with difficulty in falling asleep, while in other instances broken sleep or premature awakenings early in the morning form the basis of the complaint.

The pharmacotherapy of insomnia is based on many of the drugs used in the management of anxiety, therefore the drug groups will be considered together with the appropriate differences highlighted.

In most cases insomnia is self-limiting. Clearly if there is an underlying physical or psychiatric basis to the problem then resolution of the complaint is the most rational approach.

When no underlying primary cause is obvious and the problem persists then short-term use of a suitable hypnotic may be justified. Current expert opinion is that such therapy should be closely monitored and should not last for longer than a few days.

Modes of action

Many of the drugs used in the management of anxiety and insomnia share similar modes of action, most notably on the gamma-aminobutyric (GABA) receptor. GABA is the main endogenous inhibitory transmitter in the central nervous system. When it interacts with the GABA receptor, chloride ion channels are opened leading to inhibition of neuronal activity.

All the benzodiazepines bind to the GABA receptors present in the brain but with different affinities which correlate closely with their potencies.

By binding to the GABA receptors the benzodiazepines increase the affinity of GABA for the receptors (allosteric effect). This leads to an increase in the number of chloride channels which are opened, inhibition of neuronal activity and a decrease in anxiety.

The identification of the benzodiazepine receptor suggests the existence of an endogenous anxiolytic agent.

Although there are several putative agents none is regarded generally as being the natural anxiolytic agent. Benzodiazepine agonists bind to sites distinct from the GABA binding sites.

The new knowledge about the neurochemical effects of benzodiazepines has led to the investigation of alternative neurotransmitter systems which can be profitably manipulated with drugs to therapeutic advantage in anxiety disorders. 5-HT neurones have attracted particular interest in this respect. Indeed buspirone, a potent 5-HT receptor agonist, is in current use as an anxiolytic agent. Sumatriptan, also a 5-HT agonist, is better known as an anti-migraine agent.

Benzodiazepines

The benzodiazepines were for a long time considered to be the drugs of choice for the treatment of anxiety and insomnia. Diazepam and chlordiazepoxide were the prototypes, followed by others such as chlorazepate, lorazepam and oxazepam.

Differences in their pharmacokinetics were used as points of superiority over each other. While it is often accepted that the shorter-acting agents such as oxazepam and lorazepam may be safer for elderly patients, all the benzodiazepines are similar in their clinical effects and share most adverse effects. Accumulation of temazepam and lormetazepam may occur in the elderly.

Relative to the barbiturates, the benzodiazepines are safer in overdose and, in short-term use of no more than a few days, show little unwanted effects. Their demise, however, arose from the tolerance and dependence which they induce. Withdrawal symptoms may become apparent even after as short a period of treatment as a week. Physical withdrawal effects lead to dependence as patients feel unable to cope without more of the drug.

Nitrazepam was at one time the most widely used hypnotic. Its long half life of about 30 hours led to hangover effects. To circumvent this, benzodiazepines such as temazepam (eight hours) and triazolam (three hours) were developed. Unfortunately withdrawal symptoms may be severe, and with the very short-acting triazolam rebound symptoms are a serious problem.

The problems associated with the use of benzodiazepines has led to a resurgence in interest in the older hypnotics such as chloral hydrate and triclofos. They are generally less effective than the benzodiazepines.

Barbiturates

The pharmacotherapy of both anxiety and insomnia was for a long time largely based on the use of the barbiturates. In common with benzodiazepines and zopiclone they interact with GABA receptors, but at different sites to produce different conformational changes.

The barbiturates are much more non-specific in their actions than either the benzodiazepines or zopiclone and act as general CNS depressants.

Moreover the barbiturates induce hepatic enzyme activity thereby interfering with the pharmacokinetics of many other drugs such as the oral contraceptives, phenytoin and the tricyclic antidepressants. They also are more dangerous in overdose and are therefore no longer recommended except in exceptional circumstances.

Other agents

Meprobamate is still used on a short-term basis for the treatment of anxiety. It was introduced in the 1950s as a

more selective anxiolytic agent than the barbiturates. Subsequent clinical experience has shown it to be barbiturate-like. It induces liver enzymes and causes dependence and drowsiness.

Buspirone produces less sedation and motor inco-ordination than the benzodiazepines. For this reason it is often regarded as the drug of choice in the elderly. It also appears less susceptible to abuse although clinical experience with it is relatively limited. The drug acts slowly and there is no cross-tolerance with the benzodiazepines. For both those reasons if a changeover to buspirone from a benzodiazepine is intended, then the latter should be gradually withdrawn.

Beta-blockers, and in particular propranolol, are often used to control the peripheral autonomic symptoms of anxiety. They are relatively ineffective for preventing the emotional symptoms, and are therefore mainly used for the management of situational anxiety (eg stage fright).

Blacklisted

The blacklisting in 1985 of the branded branded

benzodiazepines has caused perhaps more pain to pharmaceutical manufacturers than any other recent changes. The blacklisting was relatively abrupt, wide-ranging and controversial. Nonetheless, the changes are likely to remain.

Some of the newer non-benzodiazepine agents such as zopiclone and buspirone need further careful in-use evaluation. If abuse by prescribers, manufacturers and/or patients become evident then blacklisting will be highly likely.

Until even better anxiolytics and hypnotics are introduced the choice of agents available to general practitioners will remain narrow and may indeed grow narrower.



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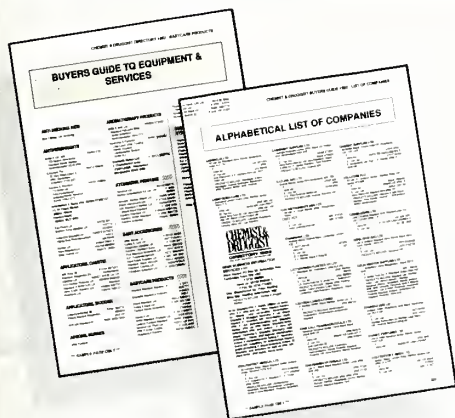
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The pharmacist's role

The concept of medication adherence has been addressed frequently in recent years. The subject becomes more complex when the patients are children. Child psychology, parental attitudes to illness, the complexity of the condition and the approach of the healthcare professional are all important in a child's compliance with medicines.

Catherine Duggan of the Centre for Pharmacy Practice, The School of Pharmacy, addresses the problem

Responding to symptoms presented by a patient, in addition to diagnostic ability and the knowledge born of experience, requires certain skills in communication and the acquisition of counselling techniques.

In children, there are additional problems: the lack of knowledge of the patient; the lack of recognisable "sick terms"; and inhibitory factors that surround all of us in trying to express pain, discomfort or illness.

Many studies have proved that there is a need to take on a "sick role" when the admission of illness has been made. With children this is more difficult to take on board. The complexity of language to describe exactly how he/she feels is not easily accessible to a child.

A child may confide in a parent that he/she "doesn't feel well" and this can cover a wide range of physical and emotional ailments. It is a cynical view that says that children often pretend. This concept compounds the idea that to be sick is wrong and that the admission of illness is weakness rather than a strength.

A child will normally admit an illness to a confidant, usually a parent or a close teacher or person in position of trust. This brings about another area of judgment for the health care professional, who may have to interpret the ailment via the perception of an anxious parent, grandparent or adult friend.

Counselling

There are well-based and reported ideals for questioning a patient and obtaining the information necessary for correct action in the treatment of a medical complaint. For a pharmacist, this involves an extended role in addition to the correct interpretation of a prescription, the dispensing of the correct dose, medicine and dosage form for the patient.

This extended role is one basis for primary health care in the community. A pharmacist is in a valuable position of inspiring trust and confidence

in an established and ever growing clientele. This trust is based upon the way in which the pharmacist encourages the patient to discuss any perceived problem, gaining the most information upon which to counterprescribe, spot potential medical interactions and advise and act.

This position is useful when counselling children. The parent or person caring for the child visit the pharmacy with or without the child. If the child is present with a complaint, the pharmacist is in the position of gaining the adult's trust in being able to define what is perceived as the problem.

The attitudes of relatives and friends cannot be underestimated. In studies that use adults as models, the individual's acceptance of an ailment, no matter how small, affects the ability of the patient to recover, an important aspect to consider when counselling the parent.

An anxious mother, for example, who is worried that her child has been awake all night with vomiting and diarrhoea, needs questioning on the time of onset and duration to date. In addition, a plan of action needs to be implemented before the pharmacist refers, if necessary. This includes ensuring the mother knows how to rehydrate the child efficiently and effectively.

The final, yet important, role of the pharmacist is to question the child on the presence of pain, if any, and to reassure. Competent use of basic counselling and diagnostic skills results in an increased level of trust in both parent and patient. This is a useful area for the pharmacist to utilise fully the extended role in advice and to ensure referral when necessary.

Another common example of this may include counselling a parent on the treatment of fever. The pharmacist can ensure the correct use of thermometers and, as with the treatment of diarrhoea, ascertain the duration of such a temperature. Advice on tepid sponging and rehydration can be given, together with the

appropriate OTCs and referral if the temperature and any accompanying symptoms do not subside within a few hours.

The final sociological role for a pharmacist to undertake is to remove the barriers that exist between the professional and the lay person and to increase the accessibility of primary health care to the community.

Dealing with problems

A pharmacist is also in the position of being a confidante for parents. Many conditions have to be evaluated and children can exhibit many problems which parents identify as a reflection on their ability to bring up the child.



n childcare

An example of this includes a specific psychiatric disorder known as hyperactivity. This is a syndrome of abnormal behaviour and psychological performance. Children with this disorder are described as restless, easily frustrated, having poor concentration and having difficulties relating to other children. The problem

often comes to light after poor academic performance is reported or misbehaviour in the classroom.

Critics of predominantly medical treatment of hyperactivity maintain that the problem is social rather than psychological. According to this view the treatment should avoid drugs as these serve only

to deflect attention away from the social influences on the child. The boundaries between the disease and other phenomena are often unclear and drugs may not be the ideal answer.

The child may well need referral, but the extent of the underlying problem needs to be assessed fully before the outcome is decided. A pharmacist is in a position to recognise and, given appropriate skills, advise the parents, and indeed the child, if appropriate.

Prescribing for children

There are many formulations available for children, for example liquid dosage forms of antibiotics, which help to remove any problems of medicine refusal and increase palatability with the use of flavoured excipient. The problems of measuring small volumes to obtain the correct doses of medicines (vital in children as doses are generally based on body weight), have been overcome with the introduction of the oral dose syringe.

From April 1992, when fractional doses were deemed necessary, oral liquid dose forms were no longer to be diluted to a 5ml dose (or multiple thereof). Instead the pharmacist now supplies an oral dose syringe. The syringe is marked in 0.5ml divisions from 1 to 5ml to measure doses of less than 5ml.

Although the oral syringe is supplied with an adaptor and an instruction leaflet, this is no substitute for oral instruction. The pharmacist should explain that the adaptor fits into the bottle top opening allowing the syringe to be fitted to the bottle. The bottle is then inverted and the required dose is drawn up by using the syringe.

This may well be considered a difficult manipulation for a parent or guardian who has had little exposure to the use of syringes in the past and so should not be underestimated by the pharmacist.

In addition, parents should be advised not to add any of the medicines to the contents of the feeding bottle or child's food, since the drug may interact with the milk or food. Moreover, the ingested dosage may be reduced if the child does not eat or drink all the contents.

Although liquid doses are particularly suitable for children, some contain sucrose which encourages dental decay. When taken over a long period, sugar-free tablets and liquid preparations should be used where possible.

Counterprescribing

Many OTCs are specifically formulated for children, taking into account areas such as sucrose content with increased awareness in the production of sugar-free formulations. This is reflected in the cough and cold remedies available OTC.

With the increased variation in children's formulae, the pharmacist's role in counter-prescribing is made much easier. The main treatment for the treatment of colds is symptomatic, treating the symptoms which include congestion and rhinorrhoea.

Use of inhalers

The advice given by pharmacists on the use of Prescription Only Medicines is also invaluable. The use of inhalers, for example, is a task that the child alone must master to ensure that the correct dose is administered. The parent or guardian can be shown the guidelines with perhaps some memory-joggers as notes, but the child must be given the opportunity to learn the manipulatory skills.

The pharmacist should also be aware that the condition is quite distressing to some children (and parents) and that reassurance that the medicine will help if used correctly will aid and increase compliance.

Compliance aids for children have recently been launched with this in mind. A child may feel anxious when experiencing shortness of breath, thus a device such as Nebuhaler with mask or Intal Fisonair or the well established Volumatic (the use of each is dependent on the product in use) can alleviate problems due to complicated manipulations and coordination.

Vaccination

Parents sometimes ask for advice on vaccination of their children. This is an emotive area, with some reports of adverse effects and problems in later life all related to the administration of a vaccine. The pharmacist can advise and reduce possible alarm by giving the parent or guardian some guidelines about whether they are safe and whether they eliminate risk.

The basic recommendations for vaccinations throughout childhood can be obtained from health centres, but some simple rules exist.

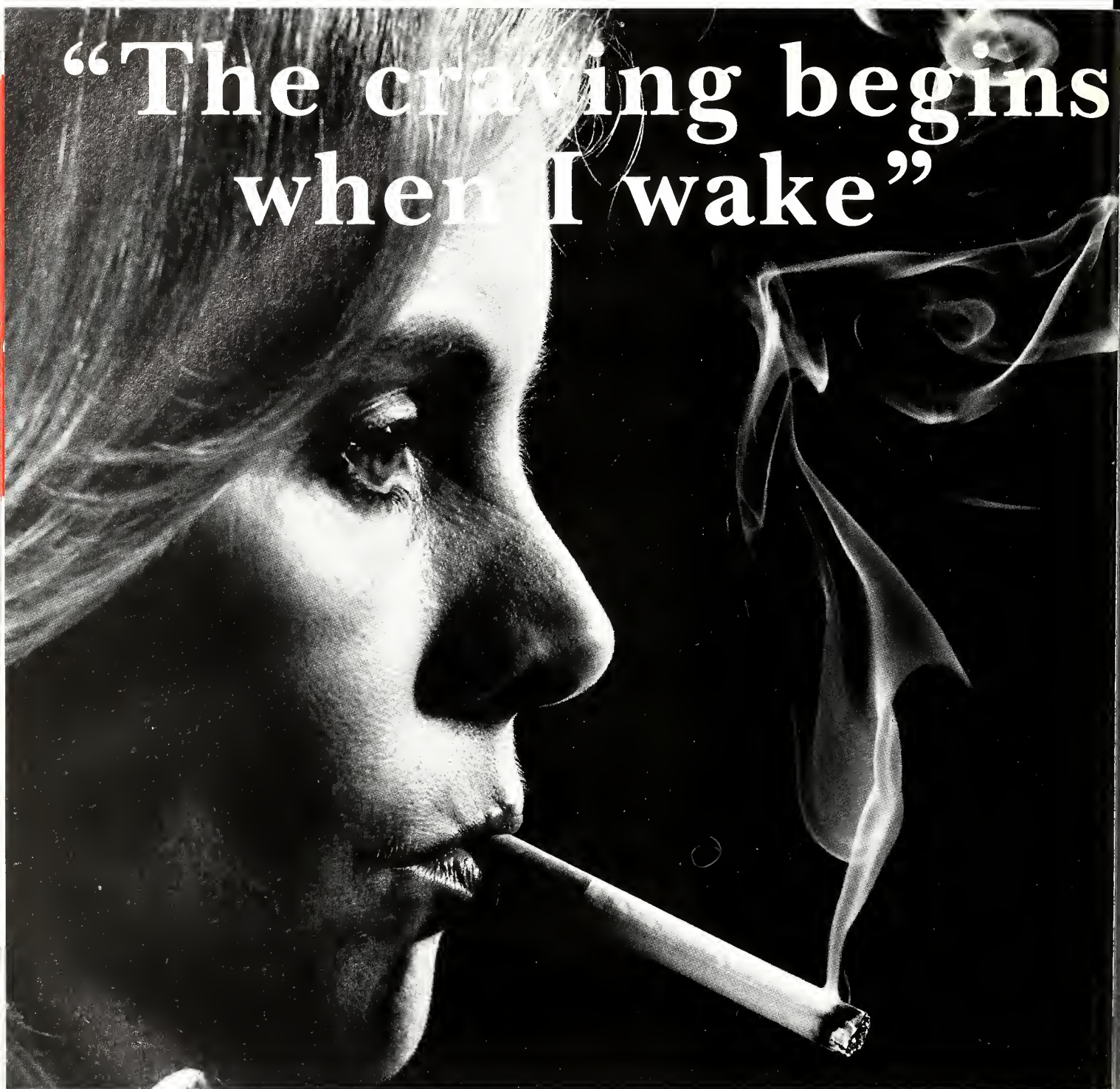
During the first year of life the child should be vaccinated against diphtheria and polio, the first dose given at two months of age.

During the second year of life a triple vaccine should be given — measles/mumps/rubella. This is repeated after about three years, at school entry, unless there is a documented history of the diseases or contra-indication. The BCG vaccine should be given between the ages of ten and 14 to tuberculin-negative children and the rubella vaccine should be given to girls of this age group regardless of a previous episode of rubella.

All advice given by the pharmacist should take into account the parental anxiety and the child's symptoms, while giving the patient increased confidence in primary health care. The pharmacist can utilise cognitive and behavioural skills in assessing the treatment or refer when necessary.



"The craving begins when I wake"



Worn both day and night the Nicotinell patch provides sufficient blood nicotine levels to help prevent cigarette craving ...especially first thing in the morning

Nicotinell® TTS Prescribing Information Presentation Transdermal therapeutic system containing nicotine, available in 3 sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage** Stop smoking completely when starting treatment. For those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS 30 once daily. Those smoking less should start with Nicotinell TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 4 weeks with each size. Doses above 30 cm² have not been evaluated. The treatment is designed to be used continuously for 3 months but not beyond. However, if still smoking at the end of the 3 month treatment period, further treatment may be recommended following a re-evaluation of the patient's motivation. **Contra-indications** Non-smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contraindicated during pregnancy and breast feeding, and in acute myocardial infarction, unstable angina pectoris, severe

cardiac arrhythmias, recent cerebrovascular accident, skin disease preventing patch application and known hypersensitivity to nicotine. **Precautions** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **Side-effects** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reaction at application site (usually erythema or pruritus) and sleep disturbance. See data sheet for details. **Legal category** P. **Packs** Nicotinell TTS 10 (PL0001/0173) in packs of 7 patches, trade price £8.21, 28 patches, £32.83. Nicotinell TTS 20 (PL0001/0174) in packs of 7 patches £8.64, 28 patches, £34.56. Nicotinell TTS 30 (PL0001/0175) in packs of 7 patches £9.07, 28 patches, £36.28. ® denotes registered trademark. Full prescribing information is available on request from Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex, RH12 4AB. Telephone (0403) 272827. **Date of preparation** December 1992.



NEW
Nicotinell®
TTS
transdermal nicotine

**helps to overcome
nicotine addiction**

Chinese herbs give benefit in severe eczema

Traditional Chinese medicine is a source of new drugs largely untapped in the West. There are, however, practitioners in the UK, and one who practises in London has achieved great success in treating eczema in children.

This prompted dermatologists at Great Ormond Street Hospital to test the efficacy of her traditional herbal remedy in a double-blind crossover trial in the treatment of a severe form of childhood eczema which responds only partially to aggressive therapy with steroids and cyclosporin.

The traditional remedy — a decoction of several plants including potentilla and peony — was compared with a placebo preparation of plants similar in taste but not known to be active against eczema.

The plant materials were imported direct from China and tested by chromatography to ensure uniformity. They were then ground and packed into sachets, which the children's parents boiled daily. Each treatment period lasted eight weeks and was followed by one month's washout.

The traditional preparation was clearly superior: erythema score decreased by 51 per cent compared with 6 per cent with placebo, and skin surface damage scores fell by 63 per cent and 6 per cent respectively.

Sleep improved in over half of the 37 children treated and two-thirds of parents identified the active treatment phase as more effective before the trial code was broken. No adverse reactions were noted and there was no evidence of an effect mediated by the pituitary adrenal axis.

Practitioners of Chinese medicine normally prefer to use one plant at a time, but eczema

is an exception. It is believed that the components of this preparation act synergistically because none is known to have activity on its own. Further research is needed to determine the risk of long-term toxicity



and the suitability of this preparation for mild eczema. *British Journal of Dermatology* 1992;126:179-84



Risks of low-dose steroids

Although corticosteroids are highly effective in rheumatoid arthritis (RA) the risk of osteoporosis limits their use to acute treatment. Recently, evidence has emerged that low doses of steroids (equivalent to 10mg/day or less of prednisolone) may be free of these effects, but a study from the Netherlands has identified a group of patients at risk even at this dose.

Compared with patients with RA never treated with steroids, women (but not men) receiving long-term, low-dose steroid therapy had significantly lower trabecular and cortical bone mass. In particular, bone mass was 30 per cent lower in post-menopausal women, who also had more vertebral deformities.

The average duration of steroid use was eight years at an average dose of 7mg prednisone daily.

Women are at greater risk of osteoporosis after the menopause but it is unclear from this study how much the risk is increased by low dose steroids. Further work is needed to monitor changes from the beginning of treatment to identify possible risk factors.

British Journal of Rheumatology 1992;31:91-6

Methotrexate for RA

Methotrexate is increasingly used in the UK to treat RA unresponsive to other drugs. Two centres have now reported their experiences of treatment for seven years, confirming that, if it can be tolerated, the benefits of methotrexate can be maintained.

Of a total of 55 patients who started treatment in 1984, 30 were still taking methotrexate in 1991. The overall incidence of adverse events was 60 (84 per cent) which included four cases of pneumonitis and led to withdrawal in seven patients.

There were no significant cases of liver fibrosis, a particular risk with methotrexate. Although improvement persisted compared with pre-treatment symptoms, permitting a reduction in steroid dosage, progression of the disease could be seen in about half of patients. There was also a gradual reduction in dose, which may have affected symptom control.

Long-term treatment with methotrexate offers the best prospect for many people severely affected by RA and it compares well with other slow-acting anti-rheumatics. *Arthritis and Rheumatism* 1992; 35:129-45

Ignore health warnings at your peril

Although the health risks of dependence on social drugs like alcohol and tobacco are widely publicised, it is often useful to spell out what can happen if help and warnings are ignored. Two long-term studies have recently been concluded which demonstrate clearly the consequences of not acting on health advice.

In California, 200 alcoholic men who completed a withdrawal programme were followed up for between one and 11 years.

Over this period, around half the subjects succeeded in abstaining from alcohol. Of these, four died compared with 19 of the relapsed alcoholics — an excess mortality risk of five

for those who relapsed, rising to almost ten when only 20, 45-year-old men were considered.

When other possible risk factors in these men were examined, only relapse was found to be significantly associated with death. The message from this study is clear: the young alcoholic who relapses risks early death.

In 1968-70, a group of 10,000 civil servants aged between 40 and 59 were recruited into a prospective study. Of these, 1,445 were cigarette smokers with a high risk of cardio-respiratory disease.

The high risk group was randomised to normal care or intervention (advice on the risks of smoking). Of the latter, 63

per cent had stopped smoking cigarettes after one year, and one-third had switched to a pipe or cigars. After ten years, though, the reduction in cigarette smoking was only 30 per cent.

Nonetheless, this group experienced a 13 per cent reduction in heart disease, an 11 per cent fall in lung cancer and a 7 per cent decrease in overall mortality, despite an increase of 16 per cent in non-lung cancers.

The authors calculate that, for every 100 men who stopped smoking, between six and ten are alive 20 years later as a result.

Journal of Epidemiology and Community Health 1992;46:75-7

Thiazides for hypertension in the elderly

Two influential studies have both concluded that thiazide diuretics should be the treatment of choice for hypertension in the elderly.

In one, organised by the Medical Research Council, 4,396 people aged 65-74 with hypertension were randomised to treatment with placebo, atenolol or amiloride plus hydrochlorothiazide in doses adjusted to achieve target reductions in blood pressure.

Withdrawals from treatment were twice as common among those given atenolol compared with the diuretics, particularly due to Raynaud's phenomenon, dyspnoea, lethargy and low pulse rate, and inadequate blood pressure control. More adverse metabolic effects were associated with the diuretics.

Compared with placebo, diuretic treatment but not atenolol reduced the risk of stroke — mostly among non-smokers — and, compared with atenolol, diuretics also lowered the risk of coronary and cardiovascular events.

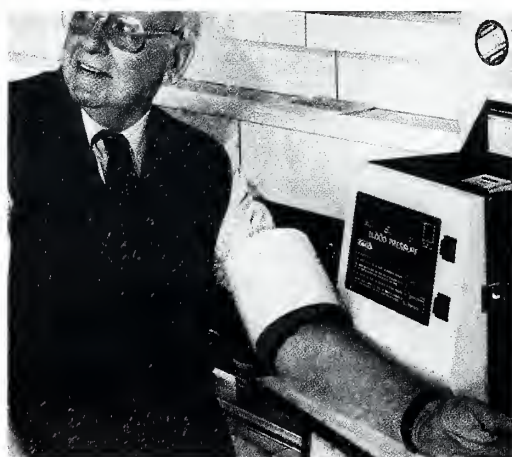
To place the effect of treatment in perspective, it was estimated that, in the oldest patients with median blood pressure, treating 22 patients

with diuretics for five years would avoid one stroke and two cardiovascular events.

The second study drew recommendations from a meta-analysis of six trials of treating hypertension in the

evaluated.

Coinciding with these recommendations, London rheumatologists have identified impaired renal function as a major risk factor for diuretic-induced gout. Diuretics cause hyper-uricaemia but it is believed that other factors (a family history, alcohol) must be present before gout occurs. In 15 patients aged 56-89 who developed gout during treatment, blood concentrations of uric acid, urea and creatinine indicated reduced glomerular filtration rate.



elderly. It concluded that beta-blockers have produced variable effects on mortality and that they should be preferred over diuretics only in patients with angina.

Although calcium antagonists and ACE inhibitors offer advantages for people with metabolic disease or heart failure, the effect of these agents on cardiovascular mortality has not been

These parameters were much higher than in 25 controls of a similar age who had not developed gout despite diuretic therapy.

Provided renal function is normal, the elderly are unlikely to develop gout with diuretics, the authors conclude. *British Medical Journal* 1992;304:405-16
Annals of the Rheumatic Diseases 1992;52:259-61

5-ASA for aphthous ulcers

A new treatment for aphthous ulcers could soon be introduced following a successful clinical trial. The active component of sulphasalazine in ulcerative colitis — 5-aminosalicylate — otherwise known as mesalazine, has been formulated into a 5 per cent cream by Tillots.

Compared with placebo in otherwise healthy subjects with up to five ulcers, the cream reduced the degree of discomfort by 59 per cent and pain by 89 per cent. The median number of days required to clear symptoms fell from 11 days to seven. Difficulty in eating was also reduced. There were no adverse effects.

British Journal of Dermatology 1992;126:185-8



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS looking at current developments in medicine.

Buspirone and smoking withdrawal

Smokers who are addicted experience symptoms which confound their efforts to give up. Although the problems of nicotine withdrawal can be addressed using nicotine gum, some smokers do need considerable support to survive the early stages of withdrawal. The anxiolytic buspirone could offer some help.

Compared with placebo, a dose of 10mg three times daily, started before attempting withdrawal, reduced the intensity of craving, sadness, anxiety, restlessness and irritability. Three-quarters of those given active drug were able to stop smoking for seven days compared with half given placebo and the number of cigarettes consumed by the remainder was significantly reduced.

Adverse effects, including drowsiness and nausea, were reported by 44 per cent of people given buspirone.

Although buspirone cannot be considered a cure for smoking, it may help people who find it difficult to stop unaided.

Archives of Internal Medicine 1992;152:350-2

Renewed interest in prophylaxis of depression

In 1986 the World Health Organisation recommended that treatment with anti-depressants should be continued for six months after an acute episode to prevent relapse, and that prophylaxis should be considered for people who experience more than one severe episode in five years.

This may have been unwelcome news for those who had to take tricyclics but the advent of better tolerated selective serotonin re-uptake inhibitors (SSRIs) like fluoxetine and paroxetine has led to renewed interest in long-term medication.

Now, a clinical trial conducted in the mid-80s has been re-analysed to show that another SSRI, sertraline, is effective as prophylaxis of depression.

The 300 outpatients who had responded to a two month course of sertraline were randomised to continue treatment or to placebo for one year.

During this period, 13 per cent of those taking the SSRI relapsed compared with 46 per

cent of those taking placebo. Furthermore, sertraline also prevented recurrence of depression (new episodes occurring after a period of being well).

Adverse events with sertraline were reported by 37 per cent of patients, compared with 29 per cent with placebo. In common with many studies in depression, there was a high drop-out rate in this trial, mostly for administrative reasons such as protocol violations.

Nonetheless, 13 per cent withdrew from the initial two-month course of treatment due to inefficacy or adverse effects and, of those who were subsequently given sertraline, 20 per cent did not complete the trial for non-administrative reasons.

This study shows that, for many people, prophylaxis against depression with sertraline is effective and well-tolerated. There is, however, a large number for whom an alternative may be required.

British Journal of Psychiatry 1992;160:217-22

Aspirin with food may increase damage

Conventional advice to reduce the abdominal discomfort associated with aspirin is to take the drug with food, but new evidence suggests that this may actually increase minor gastric damage.

In 20 healthy people given aspirin 600mg four times daily for five days, the mean number of gastric erosions increased from 0 to 11 when aspirin was taken with food and to 13 (not significantly different) when taken on an empty stomach.

Co-administration of ranitidine reduced the number of erosions, but only when aspirin was taken before food. Advice about taking aspirin — and possibly other NSAIDs — may therefore be exacerbating their adverse gastric effects.

People who experience problems after conventional advice might do better to take the drug on an empty stomach.

British Medical Journal 1992;304:544-5

PHARMACY RETAILING. IT'S A HIGH PRESSURE BUSINESS.



Visomat OZ 20
Fully automatic



Visomat OZ 2
Semi-automatic

At a rough guess, how many of your customers suffer from high blood pressure?

One in twenty? One in twelve? One in eight?

Surprisingly, one in four of the over 60s suffers from this condition. And of all UK adults, almost one in five has high blood pressure as defined by the United Nations Health Council.

And yet apart from the occasional visit to their GP for a check-up, most

people have no way of monitoring this vital indicator of their own state of health.

A Visomat home blood pressure monitor could meet this need. Simple to use, accurate and affordable, Visomat monitors enable almost anyone to check his or her blood pressure regularly, giving a clear digital readout of pulse rate, systolic pressure and diastolic pressure. Visomat home blood pressure monitors, which retail from just £69, are available only via independent chemists

like you. Margins are generous and Visomat's eye-catching promotional material helps the message to reach the target market. For further details, just refer to the Hestia insert in this magazine. Or simply contact your AAH representative.

Sales potential? In Germany, where the market is more mature, Visomat monitors are the market leaders, their accuracy qualifying for the sought-after German Quality Standard. And in a high-pressure market, that's the kind of reassurance that could help you relax and enjoy a profitable future.

visomat®

HOME BLOOD PRESSURE MONITORING MADE SIMPLE

**SPECIAL
INTRODUCTORY
OFFER.**
See insert for details
or contact AAH.



NEW

NICO



Kabi Pharmacia has used its unrivalled experience in smoking cessation to create a patch that closely reflects the needs of the smoker who wants to give up.

Nicorette® Patch is unique in the field of smoking cessation by offering transdermal delivery of nicotine through the *waking hours only*.

Applied in the morning and removed before bedtime, Nicorette® Patch avoids night time administration of nicotine, *minimising the risk of sleep disturbance*¹ while giving just enough through the day to help beat the craving.

The nicotine plasma profile² of a typical smoker rises through the morning reaching a plateau through the afternoon and falls again while asleep.

Abbreviated prescribing information

Nicorette® Patch 15 mg, 10 mg and 5 mg. Presentation: Transdermal delivery system available in sizes (30, 20 and 10 cm²) releasing 15 mg, 10 mg and 5 mg of nicotine respectively over 16 hours. **Indications:** Treatment of nicotine dependence, relief of withdrawal symptoms associated with smoking cessation. **Dosage and Administration:** Nicorette® Patch should not be used concurrently with other nicotine products and patients must stop smoking completely when starting treatment. The recommended treatment programme should occupy 3 months. One Nicorette® Patch should be applied to a dry, non-hairy area of skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours within any 24 hour period. Patients are recommended to commence with one 15 mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning period, consisting of one 10 mg patch daily for 2 weeks followed by one 5 mg patch daily for a further 2 weeks. Patients should be reviewed at 3 months and if abstinence has not been achieved, further courses of treatment may be recommended if it is considered that the patient would benefit. **Contra-indications, Warnings etc.:** Contra-indications – Non smokers, children under 18 years, pregnancy, lactation, known hypersensitivity to nicotine or component of patch.

Precautions: History of angina, recent myocardial infarction or cerebrovascular accident, serious cardiac arrhythmias, systemic hypertension or peripheral vascular disease, history of peptic ulcer.

WORLD LEADER IN TREATMENTS TO HELP

NICORETTE® Patch



NOT THE SLEEPING HOURS

On giving up smoking the loss of nicotine can result in many unpleasant withdrawal symptoms including craving. Studies show this *craving* *ises through the day*, reaching a peak at around 7 p.m.^{3, 4, 5, 6} A large survey⁷ of UK smokers report the most common occasions leading to relapse occurred during social occasions, and while drinking. (Only 4% relapsed in the morning).

For more information on the Nicorette® range
or "FRESH START" materials, please ring our HELPDESK on

(0908) 603848

Answerphone after hours



Fresh Start!

or, diabetes mellitus, hyperthyroidism, phaeochromocytoma, chronic generalised dermatological disorders. **Warnings:** Erythema may occur. If severe or persistent discontinue treatment. **g Interactions:** See full data sheet. **Side-effects:** Application site reactions (e.g. erythema and itching), headache, dizziness, nausea, palpitations, dyspepsia and myalgia. Other subjective sensations associated with smoking cessation or nicotine administered by smoking may occur. **Legal Category:** P. **Package quantities:** Cartons containing Nicorette® Patches in single patches in the following quantities: Nicorette® Patch 15 mg (PL 0022/0105) – packs of 7 (£9.07) and 28 (£36.28). Nicorette® Patch 10 mg (PL 0022/0104) – packs of 7 (£8.36). Nicorette® Patch 5 mg (PL 0022/0103) – packs of 7 (£7.20). **Full prescribing information available on request from:** Kabi Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes, Buckinghamshire, MK4 5 8PH. **References:** 1. Fagerstrom, K.O., et al., J. Smoking-Related Dis., 1991 2 (2), 173-180. 2. Benowitz, N.L., et al., Clin. Pharmacol. Ther., 1982, 32 (6) 758-764. 3. Shiffman, S.M., 1979, tobacco withdrawal syndrome. In: Krasnegor N.A., (ed) Cigarette smoking as a dependence process. NIDA Research Monograph 23, U.S. Department of Health, Education and Welfare, Washington DC pp 158-184. 4. Schneider, N.G. Psychopharmacology, 1984, 82: 143-144. 5. Gritz, E.R., Jarvik, M.E., 1973, Proceedings of the 81st Annual Convention of the American Psychological Association vol. 1 pp 1039-1040. 6. Gilbert, R.M. & Le, Psychopharmacology., 1982 78: 121-124. 7. Gallup, September 1992. Nicorette® Patch is manufactured by Kabi Pharmacia.



Kabi Pharmacia

OUR CUSTOMERS GIVE UP SMOKING

Full stretch

An almost exclusively female product, hosiery is discovering a new lease of life, and pharmacists are ideally placed to capitalise on this market.

Jane Nichols reports

Sophie Mirman's rapid rise in the early '80s, selling hosiery and socks through the aptly named Sock Shop, was without doubt one of the stock market surprises of the decade, signalling for many a new approach to legwear.

Gone were the images of Nora Batty's baggy tights and memories of the infamous American Tan, replaced by startling new colours and patterns in a greater variety than ever before.

And, as the fashion guru's started to play the game, covering women's legs in psychedelic concoctions, for a while it certainly seemed as though this wasn't the hosiery trade spinning yet another yarn!

By the beginning of this decade, however, Ms Mirman was no longer the darling of the stock exchange and the "expanding" hosiery market had stabilised. Nonetheless this sector still warrants closer inspection.

Strides ahead

By the most conservative estimates, the hosiery market topped £440 million in 1991 — larger than the skincare, nappies or female fragrance markets for that year — with sales topping 507.6 million pairs. And, although sales volumes have stabilised, market share is still hotly contested.

Pharmacies currently account for just over 10 per cent of total sales, with a value of £48.3m in 1991, according to research carried out by Nielsen.

Perhaps more significantly, however, pharmacies were the only type of outlet to show growth in 1991, and have expanded their marketshare by a total of 41.3 per cent in the last five years.

Growth has been largely dominated by Boots, which take a 50 per cent of the volume sales in pharmacies, although the potential for the independent pharmacist is still "phenomenal", according to Dave Hawkins, managing director of Pretty Legs Hosiery.

"The main problem is that many independent pharmacies are run by men and because they are not the buying consumer, they don't see hosiery as important," he says.

The net result has been a dearth of suitable or "fashionable" hosiery in the pharmacy, leading many consumers to rely on pharmacies solely for the distress or convenience hosiery purchase. Yet, Mr Hawkins says,

50 per cent of all hosiery is bought by the 25-54 age group, one of the key age ranges within the pharmacy, so there is room for expansion.

"It's a question of education," he adds. "We need to educate the independent pharmacist to make them aware of the potential for hosiery and the items they should be stocking."

"Then we need to educate the consumers to show them that they can purchase a range of quality hosiery from pharmacies for the same prices they would be paying in the large grocery outlets."

"This cannot be done overnight, but if the pharmacist is stocking the right items in the right place the consumer will begin to realise that the pharmacy can service their everyday hosiery needs and

their special occasion needs."

Choice facts

One of the problems when buying hosiery is the range of specifications that the retail buyer has to satisfy, from colour and size to denier and style, all of which have traditionally been used to reinforce the "no go hosiery" myth.

Yet day-to-day wear doesn't have to follow the fashion stakes and pharmacies can successfully stock a "customer-friendly" selection without jeopardising valuable shelf space — a message which Unichem were keen to promote when they entered the hosiery market in September 1991 with a range of branded products.

At the time, Unichem believed they had to justify their diversion into hosiery to both the consumer and the



Picture courtesy of Charnos

pharmacist. As they couldn't manufacture high quality hosiery, ensuring reasonable margins, they turned to well-known manufacturers Aristoc, and between them they produced the Unichem-branded hosiery range called Classics.

Concentrated on four sales lines, Unichem made a conscious decision not to follow fashion, according to Janice King, marketing controller. This means that you won't be offered any vibrant purples or Christmas motifs. Nonetheless, the company believes it has got its hosiery approach right.

"In the pharmacy we are trying to target everyone from young mums to old pensioners," explains Ms King. "The pack chosen is fairly strong in design but classical. It has a 'T' or 'S' on a front window so customers can see immediately whether they are looking at tights or stockings, as well as seeing the colour. Packs are colour-coded by denier as well."

"Because it was a new area for Unichem, we also decided to pre-price the range to make it as easy as possible for the pharmacist to sell."

For the launch a free trade stand was given away with orders of the complete range, designed to encourage better display of hosiery and to encourage the pharmacist to stock a single premium range.

So far more than 1,000 outlets have received free stands, with others opting to stock the range but not use the stand. Sales during 1992 hit target at £250,000, with a promotion in November and December, offering 20 per cent off retail prices, pushing sales up almost 50 per cent — and that excludes seasonal adjustments!

A case for support

Determined to fully utilise potential pharmacy sales and to enhance their image, Scholl also recently relaunched their support hosiery sales range, Lite

Continued on p320



The high level of pharmacy commendation reflects your confidence in the quality of Scholl Compression Hosiery. And

with good reason.

We've put years of investment into understanding venous conditions,

and developing new technology and materials to provide the best possible

phylaxis and treatment. And by conducting regular consumer trials, we make sure that compliance is guaranteed.

Scholl graduated Compression Hosiery works by exerting

WHY 86% OF PHARMACISTS DISPENSE SCHOLL. *

sufficient pressure at the ankle to compensate for venous insufficiency.

The diagram shows how pressure decreases gradually from the ankle upwards, assisting the return of blood to the heart.

To encourage understanding of the benefits of compression hosiery, Scholl have produced an information pack for pharmacists and nurses, plus a comprehensive consumer leaflet for your customers.

For full details of how we can help you promote positive healthcare for legs, simply send us the coupon.

Send to Scholl Consumer Products Ltd, FREEPOST, 475 Capability Green, Luton LU1 3LU.

I would like Scholl to help me promote positive healthcare for legs. Please send me your Range Information Pack.

Name _____

Address _____

Postcode _____



THE LEADING NAME IN COMPRESSION HOSIERY

*Independent Retail Audit, Autumn 1992.



Legs, coupled with an extensive education programme.

"Support hosiery is still seen as thick and unattractive," says Jane Long, product group manager, explaining the need for a relaunch. "Consumers also don't understand why they have to pay a little more for support hosiery."

Yet, when women are given a fuller explanation of the graduated support this kind of hosiery offers and how this can help tired and aching legs, aid circulation and prevent the development of future leg problems, many respond favourably.

The growing popularity of lycra has also been a double-edged sword, according to Ms Long, on one hand promoting the idea of support but on the other confusing consumers and sales personnel alike.

"Lycra has always been associated with support," she says. "Because of this some consumers are beginning to think that if they are wearing lycra in hosiery then they are being supported but this simply isn't true."

To help broaden their appeal, Scholl also redesigned their packaging for the Lite Legs range, with stylish photography to attract a wider range of customers, and added a 70 denier range, Lite Legs Support Factor 12.

Prescribing answer

The question of education is also relevant at prescribing level, says Ms Long, for pharmacists, assistants and customers alike, particularly after the 1988 changes at prescription level. Many customers need advice and reassurance as to how prescription support hosiery differs from normal hosiery and how to put it on.

One result of lack of advice, according to Ms Long, is that many customers who need such support are often defeated at their first attempt at putting the hosiery on, leading them to hide the tights at the back of a drawer rather than wrestling even further with them, and continue suffering in silence.

Branching out

Given the size of the hosiery market and the potential it possesses within the pharmacy, you may now be tempted to look a little more closely at your hosiery buying habits. But what exactly should you be stocking and how do you capitalise on sales?

In the fashion and volume stakes, currently 10 and 15 denier tights are rising in popularity, replacing 20 denier items, while 70 denier items have also grown in esteem over the last few years, not least because of their durability.

The addition of lycra, giving greater comfort, fit and shape recovery after wear, has also helped add value to the market.

As a result the number of manufacturers offering lycra hosiery has also grown very rapidly, from 5 per cent in 1986

Top five brands of depilatories

1. Immac
2. Louis Marcel
3. Nair
4. Veet
5. Beauty Basics

to 20 per cent by 1991, with companies now offering at least three or four lines with lycra for you to choose from.

Opagues are also increasing in popularity, doubling their market share in the first half of 1992, according to Unichem, while semi-opaques are helping to bridge the gap between the sheers and opaques, as well as offering cooler all-year-round wear.

Colour choices are equally important. The faster selling colours will be black, barely black, flesh tones, and perhaps a navy and grey. If you are offering a fairly small range, steer clear of shocking pinks as your turnover is likely to be incredibly slow!

Stockings, despite all the illusion that surround them, are not as popular as tights, particularly within the pharmacies where they currently only account for 14 per cent of the total hosiery sales. This market is also coming under increasing pressure from the current popularity of knee highs.

Despite the changing demands of hosiery purchasers, it is always worth stocking at least a couple of the less popular items in order to show that you can offer a complete hosiery selection, although you don't need to have a phenomenal amount of stock permutations.

Display tactics

In terms of display, to ensure increased hosiery sales you should be placing your hosiery in a premium position, close to the counter, so that customers can see at a glance the range and prices of your products.

Some manufacturers will encourage you to stock solely their brand, although considering that with other products you may well be stocking three or four different brands of the same item, ie anti-perspirant deodorants, it might be worth expanding your offerings.

Most important of all, however, is to know your pharmacy, your customers and potential customers.

Ask yourself what the surrounding stores are offering? Do you live near a major department store which may be able to stock many more ranges than you could possibly compete with? Have you got a school nearby? If so, what is the trend among schoolgirls?

In short, with some wise choices, good displays and clever marketing, pharmacies can open their doors to hosiery without trepidation and look forward to capitalising on a buoyant and profitable market, which may far exceed their wildest expectations.

Waxing lyrical?

C&D investigates which methods of depilation the discerning woman is using today

Pharmacies continue to take by far the lion's share of the depilatories market (63.6 per cent), worth some £17.5 million, although grocery outlets are making a concerted push into this field.

Depilatory creams dominate the sector in both volume and value terms, although shaving products have shown a

remarkable growth of some 61 per cent over the past 12 months. (Philips, for example, state that they increased their value share of the market to 55 per cent during the 12 months to the end of November 1992.)

Customer expectations have grown noticeably, with women demanding a "greener" depilatory, which is kind to the



OdorEaters will be supported by a heavyweight Press advertising campaign beginning in April, together with a strong consumer promotion: all of which adds up to a £500,000 spend in 1993

Foot cures

Michael Paynton, chairman of Council of the British Chiropody Association, examines common foot problems and their treatment

In discussing chiropody it is important to understand quite how one defines "chiropody". The profession remains open which means that anyone could set themselves up as a chiropodist. There is, however, little evidence that this has happened. Nevertheless, it is a situation which is deplorable, although not really as bad as many would suggest.

The British Medical Association's advice to doctors is: "A doctor should make sure that the people to whom he refers are professionally registered, and that he refers patients properly and retains final authority for the continuation or otherwise the therapy."

Within this profession there are those practising pure and simple "chiropody" right through to those performing minor foot surgery, and we understand, higher up the lower limb. We believe this is an undesirable development and others within the medical world concur with this view!

Traditionally and still today, chiropody is the treatment of surface lesions of the feet, that is to say corns, calluses, ingrown

nails, verrucae, athlete's foot and the like. It could be argued that the majority of such conditions are not, of themselves, conditions but the effect of other disorders.

Corns

A corn, for example, forms as a result of pressure and friction. Removal of the actual corn is simple. The difficult part is establishing where the pressure is coming from and eliminating it by removing the external problem (say a shoe) in order that the corn does not form again.

Quite often, though, the cause of the problem is a bony prominence due to bone malformation rather than a bad shoe, that being the case it will be necessary to protect the area so that pressure is avoided.

Calluses

Calluses are also caused by excess pressure combined with friction and therefore the remedy or partial remedy is the same. The exception being that when these are associated with the plantar aspect (sole of the foot), they may possibly be caused by fallen arches, when

skin and does not have any of the chemical smells previously associated with such products.

In response to these demands a range of new depilatories has hit the market recently, including the Andrea range of water dispersible waxes which can be simply washed away, epilators such as the Philips Satinelle which the company says has managed to capture a 13.4 per cent volume share of this £8m market in the 13 weeks to the end of November 1992, and natural depilatories such as Dean's range which has added calendula.



Above: More than five million adults a year suffer from athlete's foot, according to new research carried out by Crookes' Mycil, many of whom are active sports people — one reason why Mycil agreed to co-sponsor the Sport & Leisure category in the 1993 Shoe & Sock Award

Left: Cuxson Gerrard have introduced new packaging and a new consumer advertising spend for their footcare products within the corn and verruca markets for 1993, following a revival in this market in the first few weeks of the year

Right: Pretty Polly's Legacy range, introduced in 1992, was designed to maintain a fresh look, a great fit and provide day-long comfort, at affordable prices



the introduction of an arch support or some other orthotic device may be needed.

Broadly speaking this is the case with most, although not all, chiropody problems. Hence the motto of the British Chiropody Association is *Sublta causa tollita effectus*: remove the cause and the effect ceases.

Ingrown nails

A similar situation applies with ingrown nails except there also exists an hereditary factor.

There are a number of treatments for such nail conditions but the most common is the removal of the section of the nail which is pressing into the nail fold.

There are also a number of nail braces which can be attached to both sides of the nail plate, the idea being that, as the nail grows, the edges will be lifted away. Widely varying degrees of success are reported.

Many believe that the real answer is for the section of nail to be surgically removed and the corresponding area of the nail bed eradicated. This must be carried out by a surgeon within a proper theatre situation.

Chilblains

There is very little that chiropodists can do to cure chilblains and their involvement is much more an advisory one. They are, however, almost a thing of the past, no doubt due to central heating and modern living.

The preparations available through pharmacies are not, in

my opinion, of much help and it is perhaps the action of rubbing creams in which has more effect than what is actually rubbed in.

Athletes foot

Athletes foot is a painful infection which is very unpleasant. Apart from one treatment, it is primarily a matter of advice and suggesting cream and powder to use.

Preparations such as Phytocil, Canesten and the like are the preferred types of treatment. Patients should be advised to continue using the cream or powder for at least two weeks after an apparent cure otherwise it tends to return.

Verrucae

Verrucae is, of course, the exception to the rule in that it is a virus. There are a variety of treatments and in some cases it is necessary to use more than one.

It is my belief that the best remedy available from pharmacies is Cuplex and it is certainly worth trying that before anything else. The difficulty is that it is not always easy to tell if it is a verrucae or a corn and it may be necessary to refer to a chiropodist simply to establish that.

New developments

In my experience by far the greatest break through in chiropody in the last few years in the Dentron Biogun.

A British invention which is believed to be the world's first electronic antibiotic, the

Dentron Biogun cures all kinds of bacterial, fungal and viral skin infections such as verrucae, athlete's foot and ringworm in just a few minutes, making the treatment particularly good for diabetics.

The new safe, non-invasive system uses electronically charged air particles to kill the invading micro-organisms. Science has known for some time that a negatively-charged atmosphere inhibits the growth of bacteria and fungi and the spread of viral infections, but recent research by Dentron has proved that a concentrated stream of negative air ions can kill a wide range of microbes in as little as 30 seconds.

In use, the patient holds a short metal tube while the practitioner aims a small "pencil" at the area to be treated without even touching the skin. All the patient feels is a gentle, cooling breeze.

Referrals

As stated earlier, when recommending a chiropodist it is important that the person should be professionally registered which includes professional insurance cover. All members of this Association are fully insured and governed by a strict code of conduct and offer the kind of service described above. Look for the letters MBChA which denotes membership of the British Chiropody Association.

The British Chiropody Association also produces free factsheets on various aspects of footcare.

Facts on feet...

Did you know?

- The average pair of tights consists of over four miles of yarn.
- A correct fitting shoe should be about half an inch longer than the foot.
- The average person walks the equivalent of four times around the world during a lifetime.
- If you are on your feet all day, encourage circulation by standing on tip-toe and gently raising and lowering the heels, thus exercising the calf muscles.
- There are 3,328,384 stitches in a pair of 15 denier tights.
- Avoid sitting with legs or ankles crossed as this restricts circulation.
- A woman spends an average of two weeks removing body hair during her lifetime.
- Men think feet are sexier than women.
- 75 per cent of all people have ticklish feet.

Redoxon Protector — the shape of things to come

Prepare yourself for a brand new opportunity and a new breed of consumer in the vitamins and supplements market. The launch by Roche of Redoxon Protector is set to add substance to a whole new product sector — the antioxidant nutrients — and with it comes a new consumer. Roche predict it is a sector that will grow and grow

The term "antioxidant" may well be familiar to you. Antioxidants and health issues related to them have attracted tremendous Press coverage over the last few months as scientists the world over believe they are on the brink of an exciting breakthrough in the vitamin world.

Nutritionists have long been concerned with vitamins in terms of their role in preventing deficiency diseases and the maintenance of day-to-day good health. However newer research suggests that this is a very limited view and that vitamins have significant health effects beyond the prevention of deficiency diseases.

The reason for all the excitement about antioxidant vitamins, however, is that it now seems that this group of nutrients may play a vital role in the maintenance of long-term good health.

Indeed, low levels of antioxidants in the body have been linked to the development of certain long term health conditions.

What are antioxidants?

The main antioxidant nutrients are beta carotene, vitamin C and vitamin E. Beta carotene may be familiar to you as it is commonly found as a natural pigment in brightly coloured fruits and vegetables.

As such, food manufacturers often use beta carotene as a



natural colourant and so you may well have seen it listed as an ingredient in your food labels.

Extensive worldwide research is now convincing scientists that these antioxidant vitamins may play a vital role in protecting the body against the damaging effect of free radicals.

What are free radicals?

Free radicals are molecules which have an unpaired electron. They are therefore highly reactive because to stabilise themselves, they try to take an electron from another molecule. This means they can sometimes damage tissues and the delicate balance of the cell structure.

Increased levels of free radicals in the body have been linked with today's modern lifestyles and environment, pollution and excessive exposure to ultraviolet light.

It is though the antioxidants neutralise free radicals by donating an electron, deactivating any further chemical reaction.

The British diet

The antioxidant vitamins are commonly found in fruits and vegetables. However, although the World Health Organisation recommends we eat at least 400g (approximately 1lb) of fruits and vegetables a day,



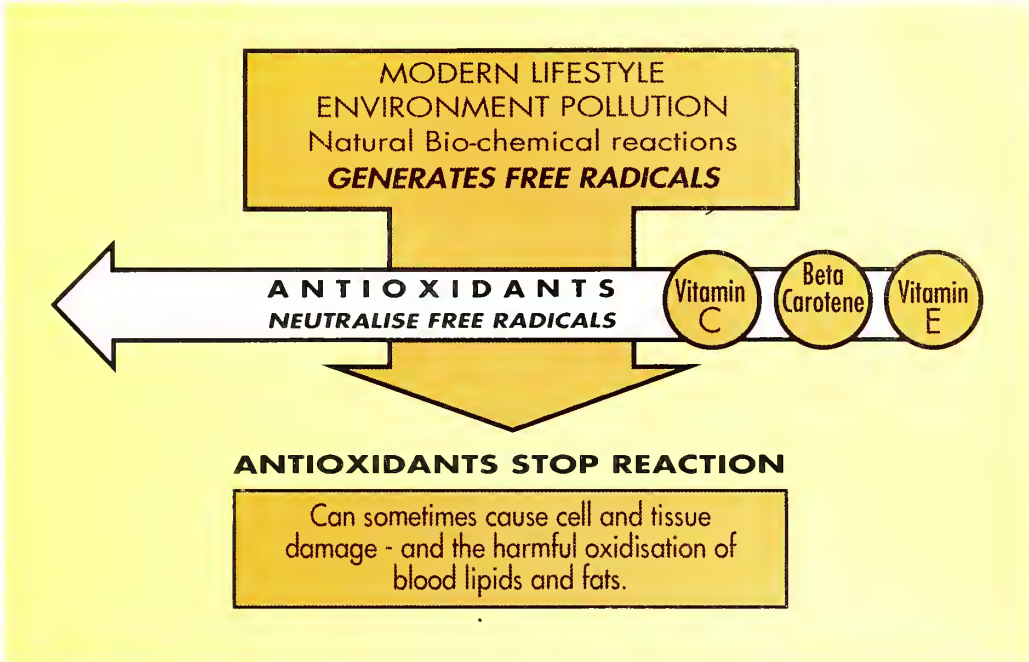
excluding potatoes, the average British consumption of these foods is only 200g — half that recommended by the experts.

Supplements can play an important role in maintaining a regular intake of the antioxidant nutrients.

Redoxon Protector contains the three main antioxidant nutrients in an easy-to-swallow, one-a-day, supplement. It is available in 30 and 60 capsule packs with retail prices of £4.59 and £7.99 respectively or a cost of £0.13 or £0.14 per day.

Keeping customers informed

To ensure your customers are fully aware of, and fully understand, Redoxon Protector and the antioxidants and health issue, Roche Nicholas are currently running an intense PR



campaign. And from March onwards, a £500,000 Press advertising campaign will hit the national Press and women's magazines.

Roche Nicholas have also produced a comprehensive range of point of sale material to ensure your customer understands, and you benefit from, this important new sector. A high quality counter display unit, shelf reservers and consumer leaflets are all available from your Roche Nicholas sales representative. An informative and educative training video for you and your staff is also available.

Why Roche?

According to Rob Elliott, marketing manager for vitamins at Roche Nicholas, Redoxon Protector is a natural step forward for Roche.

"Roche have been at the forefront of research into antioxidants and health, so we have enormous expertise in the area," he says.

"Coupled with the fact that Redoxon Vitamin C has been the leading vitamin C supplement for over 50 years, this gives us an excellent platform from which to launch Redoxon Protector."

Summary

Antioxidants, free radicals and health

- New research indicates that vitamins have significant health effects beyond preventing deficiency diseases.
- It is thought the antioxidant nutrients — beta carotene and vitamins C and E, may help us to protect our bodies from harmful free radicals.
- Free radicals are highly reactive molecules which can sometimes damage tissues and the delicate balance of the cell structure. Low levels of antioxidants in the body have been linked to the development of certain long term health conditions.

Redoxon Protector

- Contain the three main antioxidant vitamins: beta carotene, vitamins C and E
- One-a-day, easy to swallow capsule
- Available in packs of 30 and 60 capsules

Supported by:

- £500,000 consumer Press advertising campaign
- Intense PR campaign to raise awareness and understanding of antioxidants and free radical issue

High quality point of sale and educational material available including:

- Counter display unit, consumer information leaflets and shelf reservers
- Staff training video

Putting the record straight on pay

I cannot let pass the inaccurate propaganda put out by Hassan Argomandkhan on behalf of smaller contractors. Let's look at the facts, not fantasies.

Each group 5/6 pharmacy has lost in the region of £50,000 in remuneration over the past five years which has been used to subsidise smaller pharmacy units. This situation is blatantly unfair.

Just look at the enclosed charts outlining the latest Scottish settlement. They show the tremendous imbalance of the pay structure in favour of the 1,500 to 2,500 item-a-month business.

What is fair in this? The larger unit has to work nearly

twice as hard as contractors in groups 1 and 2 for the same pay!

Nobody in their right mind expects people to work twice as hard for smaller pay. I urge the PSNC to do the right thing and give back to the larger units some or all of the losses so shamefully forced on them.

We must move at once to a single flat fee, which I recall the PSNC saying should be about £1.48 not £1.11 as quoted. We must all move forward together but in a fair and equitable way not penalising the efficient to prop up the smaller!

Peter Ralston
Formby, Merseyside

Scottish remuneration

A Scripts per month	B Professional allowance per month	C Fee (up to 2650 items)	D Fee (above 2650)	E Income (B+C+D)	F Total per item (E÷A)
1500	£575	£2055		£2630	£1.75
2000	£575	£2740		£3315	£1.66
3000	£575	£3630	£304.50	£4510	£1.50
4000	£575	£3630.50	£1174.50	£5380	£1.35
5000	£575	£3630.50	£2044.50	£6250	£1.25
6000	£575	£3630.50	£2914.50	£7120	£1.19
7000	£575	£3630.50	£3784.50	£7990	£1.14
8000	£575	£3630.50	£4654.50	£8860	£1.11

Smoking cessation

The rapid take-off of the nicotine patch market has shown, as reported in the media, a requirement for pharmacists to receive product information and training in the field of smoking cessation.

Kabi Pharmacia have recognised this need and have launched a major pharmacy training initiative.

Over the past two weeks our sales forces have been calling on retail pharmacies to educate and train the pharmacist and counter assistants on smoking cessation and, in particular, nicotine patches.

Areas covered include dose regimen, contra-indications,

efficacy and the major differences between patches currently available.

Every pharmacist has been left a file, "Nicorette — The Pharmacy Guide", which gives information on smoking cessation and nicotine patches.

We are very much aware of the importance of the pharmacist's role in smoking cessation and will endeavour to keep pharmacists up to date on developments in this market.

A Nicorette Helpdesk offers further information. The number is 0908 603848.

Graham Waters
OTC national sales manager, Kabi Pharmacia

Not in tune with the chairman?

I refer to Mr Axon's comments (C&D February 13 p245), in particular where he states that "any change in remuneration advantages some pharmacists more than others and could even lead to some being detrimentally affected".

It seems that he is not in agreement with his chairman, who in the PSNC News (issue 12, 1992) has stated that: "In recessionary times everyone is subject to a squeeze, but a pay cut is indefensible."

A Patel
London N13

Gutta percha is still available

Your contributor Xrayser is incorrect when referring to the sudden demise of gutta percha (C&D January 23).

Our company makes and supplies substantial quantities for home and export trades and it is fully available from wholesalers.

The C&D Price List shows it under Portia Tooth Stopping — Gutta Percha.

I trust you will now set the record straight.

T.M. Bourke
Bray Health & Leisure,
Faringdon

Barnet FHSA scheme points way ahead

I am writing as a participant of the current "wave" in the Barnet High Street Health scheme.

I have nothing but praise for the aims and presentation methods of the sessions, and for this recognition must go to Jane Todd and Claire Anderson who have put together a highly relevant series of topics, which have been conveyed in an easy to understand, enjoyable manner.

The "hands on" experience with inhalers, cholesterol and blood glucose testing machinery has engendered a far greater understanding of the test procedures and also the potential problems which are encountered by asthma and diabetic patients.

In addition, I find that I can speak to my customers with far more confidence on any of the topics covered — a factor that seems to be highly appreciated by my clientele.

I would like to take this opportunity to offer my own thanks to Terry Maguire, who

came over from Northern Ireland to present three of the sessions.

Terry has taken the traditional "back room pharmacist" image by the scruff of the neck, instead promoting a modern day "medicinal consultant" advisory role, a person willing and able to give advice and support to the clientele.

He does this while demonstrating a remarkable knowledge of his topics, presented in an informative, often humorous manner — and this from a pharmacist who, like most of us spends all day every week working in his own shop.

However, unlike most of us, he constantly devises innovative ways of expanding our role (while not relinquishing our primary role — Tim Astill please note) and also recognising that profitability is an essential priority.

I strongly recommend that my colleagues listen to him if he speaks in your area, and also congratulate Barnet FHSA in having the foresight to instigate the scheme.

Here's hoping that other FHSAs nationwide will follow Barnet's lead, and we can show the public that pharmacists are worthy of the title "health care professionals".

Steve Simbler
London NW11

Providing the right kind of service...

So here we have it! Xrayser doesn't stay open late to provide a service to patients, but only because a "rota breaker" forces him to. He would rather "be at home with the wife and kids". As to the scripts: "many are not urgent and would have appeared the next day".

There, Sir, is the difference between a doctor, particularly a dispensing doctor, and a chemist. Doctors provide a service and are proud of it. Chemists appear to do so grudgingly. Profits are what count, not patients, Xrayser seems to be saying.

He then goes on to rant about an FHSA which apparently recognises this difference and may actually be taking heed of the patients who want none of the chemist's "service".

I always thought he was a hypocritical old devil. Now we all know he is!

David Roberts
Chairman, Dispensing Doctors' Association
Northampton

ADVERTISEMENT

Bucking the Recession



Colorama, recently complimented by the national press as a company that is "bucking the recession" is proving its commitment to future growth following the multi million pound investment in their new photo processing laboratory in Manchester

Well on projected targets the move confirms Colorama's belief in the creation of much wider choice of quality processing for the independent photo retailer than has been available to date.

The new nationwide Colorama service backed by a credible and dynamic organisation that has become Britain's fastest growing photo laboratory is daily attracting many new customer and will shortly be signing its 2000th retailer.

Points of law

Writing a reference

At some time or other most people in a position of responsibility in business are asked to provide a reference for an employee or a business partner or some other individual.

The request for a reference may be for someone seeking a new job or perhaps credit from a bank or other financial institution. Whatever the circumstances it is important, from a legal standpoint, to be careful what you say.

It should be realised that there is no legal obligation on you to give a reference. If you do decide to provide a reference for an employee you actually dismissed and are considering being kind in your comments by saying that his/her work while in your employment was satisfactory — beware! You could end up having a great deal of trouble; the employee could subsequently claim unfair dismissal, produce the glowing reference at the industrial tribunal hearing and you would not have a leg to stand on.

If on the other hand you said his work was satisfactory but that for economic reasons you

had to dismiss him/her then it would be no good trying to tell an industrial tribunal that the real reason was that his/her work was unsatisfactory.

If you give a reference to a bank or a supplier saying that someone is creditworthy when, in fact, to your knowledge he/she had defaulted on a number of bills, you could find that you have a financial liability.

With such a reference you run the risk of being liable to pay compensation to the bank

or supplier should the individual fail to pay his debts.

If you say derogatory things about an individual in a reference, you are to some extent protected in law if you genuinely believe them to be true. You cannot be sued for libel if you gave your opinion in good faith.

However, if you deliberately told untruths, this privileged protection is lost.

You can therefore see that there is a need to be very careful when giving references.



National Insurance contributions

A new method of paying for National Insurance contributions for the self-employed and non-employed has been proposed. Instead of the present system, bills would be issued at the end of each quarter.

The system of paying contributions weekly by sticking stamps on National Insurance cards, which was introduced in 1911, would be abolished. New regulations would have to be introduced to implement such a change.

Depending on the outcome of the consultations on these proposals, it has been suggested that payment arrangements could be made through the banks, certain building societies, the Post Office and Girobank.

The proposed quarterly billing system would be similar to that used by gas and electricity companies and by British Telecom. Each bill would advise the amount due for the previous quarter. The aim was for the consultation process to have ended by January 1993.

Even individual contributors have been encouraged to put forward ideas on the proposals. By this scheme it is hoped that contributions will be recorded more quickly, National Insurance records will be more accurate, contributions will be paid more promptly and substantial savings will be made because it would be easier to pursue payments outstanding after the end of the financial year. This means that the process for the payment of benefits and pensions should be simpler.

The self-employed and non-employed contributors could still pay monthly by direct debit — which would be encouraged. The option to pay by direct debit was introduced in 1975 and almost half of all self-employed pay by this method.

The new scheme would be more convenient for many self-employed business people. A regular billing system is more appropriate for businesses in the 1990s than a scheme which was devised way back in 1911. In addition, it will cost the Department of Social Security less to administer.

The two classes of contribution affected by the proposals are: Class 2 — the self-employed and Class 3 — paid voluntarily for pension purposes.

Pension finding service

Some 8,000 people have been able to trace money they lost track of years ago through a pension finding service run by the Occupational Pensions Board. Many thousands of people should be able to benefit financially by using the free and confidential Pensions Registry service.

Take the example of Mr M, a sales representative in a firm for 16 years. During his time with the company he paid into an occupational pension scheme. In 1971 the firm was relocated but Mr M was unwilling to move for family reasons. At the time he was offered the chance of either taking a lump sum payment from the pension scheme or to stay in the scheme but have his pension frozen.

He opted for the latter and thought no more about it until he was approaching retirement in 1990. He knew his old firm was no longer trading locally, but thought his library would be able to help in tracing it.

He searched through many telephone directories without success before he found out about the new Pensions Registry. After some initial difficulties the service was able to put him in touch.

His old pension scheme had

been amalgamated a number of times over the 20 years. He was entitled to an index linked pension of £47 per week or a lump sum of £1,499 plus a reduced pension of £35 per week — not bad for money that was completely lost.

Thanks to computerisation, the average search takes only about 24 hours to complete. The registry has an enormous task keeping its records up to date. Also, nobody knows how many occupational pension schemes exist.

There are over 170,000 on the

Pension Registry's books now. There are a few thousand not accounted for and the registry's staff are trying to trace these. People who wish to locate missing pensions should apply on form PR4. This can be obtained from a pensions consultant, from the Occupational Pensions Advisory Service, or from the Office of the Registrar, PO Box 1NN, Newcastle Upon Tyne, NE99 01NN.

If, as an employer, your pension scheme has not been registered, you should write to the office of the registrar.

Rebate for pension holders

The Government is committed to encouraging personal planning for retirement. Since 1988, nearly 5 million people have made provision for their retirement by taking out personal pensions.

The Government intends that there should be an additional 1 per cent contribution rebate for personal pension holders aged 30 and over. This will apply from April 6, 1993. This should mean that a great many people will find it worth while maintaining personal pensions.

The bill, which the

Government has put to Parliament, amends the amount of the minimum contributions under the Social Security Act 1986 paid by the Secretary of State to an earner's appropriate personal pension scheme. From April 6, 1993 an additional 1 per cent of earnings which exceed the lower earnings limit but not the upper earnings limit can be paid to the earner's personal pension scheme. The earner must have attained the age of 30 on or before the April 6 with which the tax year begins.

Wholesaler profits safe, argues analyst

A City analyst has challenged the view that wholesale and retail chains will be damaged by the Government's determination to reduce the drugs bill.

Lloyds Chemists is just one of the shares which have been hit by the City view that Government policy will hit the pharmaceutical sector across the board.

But Andrew Richmond of analysts Phillips & Drew rebuts those who argue that a slowdown in the growth of the aggregate drugs bill will lead to a reduction in the profits of companies such as Unichem, AAH and Lloyds. And he comes out with a firm "buy" recommendation for Unichem and AAH shares and a "hold" for Lloyds Chemists.

Mr Richmond's analysis suggests that any fall off in traded

volume created by a Government move to schedule more drugs onto the selected list is likely to be made up by increased sales of higher margin products OTC. Similarly, a trend to generics would reduce market growth but higher wholesaler margins would expand to maintain profits.

"Overall, a move to fewer (and cheaper) product choices in each therapeutic class could hit average prescription values and market growth, but growth in the

OTC market (with its better margins) and improved stock turns on remaining patented and generic prescription products should leave wholesaler and retailer profits at worst unchanged."

He believes sector growth will still be above 3 per cent — faster than the trend in economic growth. "It is the manufacturers, not wholesalers and retailers who stand to lose most," says the Phillips & Drew report.

On the crest of a wave

The latest figures released by the Association of the British Pharmaceutical Industry show a trade surplus in pharmaceuticals of £1,330 million.

Exports are up by 17 per cent to £2,993m, while imports increased by some 21 per cent to £1,663m.

The UK has trade surpluses of £378m with the EC, £185m with the USA and £135m with Japan.

Director of the ABPI John Griffin said: "Britain is the world leader in the discovery, research

and development of new medicines.

"We fervently hope that the Government will not let its concerns of the increase in the NHS medicines bill blind it to the fact that the medium and longer term interests of UK taxpayers will be better served by Britain retaining its world leadership.

"Saving £1 today could cost the taxpayer £2 or £3 tomorrow if high quality British manufactured medicines were substituted with inferior cheaper products at home."

Grampian reorganise

Grampian Pharmaceuticals have restructured their veterinary businesses "to meet the impact of EC legislation". The company are concentrating the businesses at Leyland, Lancashire.

C-Vet and BK Veterinary products, both of which sell pharmaceuticals to veterinary surgeons, have been merged as C-Vet (veterinary products). Peter Hand Animal Health and Micro-biologicals merge to form the new company C-Vet (Intensive livestock products).

Youngs Animal Health will continue in the sheep sector while Crown VP will concentrate on agricultural trade outlets.

Grampian Pharmaceuticals are also merging the marketing, distribution and administration functions of the companies.

A new head office and warehouse are to be developed at the company's site at Leyland. All sales office, marketing, finance, product registration administration and distribution will move to the new premises.

Offices in Glasgow and Bury St Edmunds are to be phased out over the next 12 months.

Grampian is planning a liquid production plant at Leyland to develop ectoparasitic control and anthelmintic products.

Retail prices

The retail prices index for January is 137.9 (Jan 1987 = 100), a fall of 0.9 per cent since December and an increase of 1.7 per cent on January 1992.

Ortisan VAT

Customs & Excise have ruled that the laxative Ortisan, made by Ortis of Belgium and distributed by Brewhurst Health Food Supplies, is subject to VAT. Recommended selling price is now £3.49 inc VAT for 12 cubes, £6.49 for 24 cubes. Trade prices are £19.90 for 10 x 12 cubes and £18.50 for 5 x 24 cubes.

Sunrise industry

Discount sunglasses suppliers Phoenix Enterprises have been taken over by B & E Brett. Brett are looking for agents in most areas and additional lines to wholesale. Tel: 081-659 9720.

Unichem and Fisons

Unichem have been appointed a distributor of Fisons products to the hospital sector. While the contract is not an exclusive one, Unichem say it represents an important addition to their portfolio.

Award for Boots

Boots the Chemists have been given the Investor in People Award for good practice in recruiting, motivating and developing staff. It came from the Greater Nottingham Training and Enterprise Council following an independent assessment.



Three new directors — Sandy Young, Stephen Simms and Stewart MacPherson — have recently joined the board of Numark Management Ltd. The new board, seen here outside the Tamworth head office, are (from left): Tony Garlick, general manager of Bradford Chemists Alliance; Richard Wood, chief executive of Daniels Pharmaceutical; Terry Norris, Numark managing director; David Wood, Numark's retail development director; Mr Young, Numark chairman and managing director of L. Rowland & Co Ltd; Bernard Miller, Numark financial director; Mr MacPherson, deputy managing director of John Hamilton (Pharmaceuticals) Ltd; and Mr Simms, joint managing director of Sangens (NI)

Nervous future

The small drug dependence market is forecast to be the fastest growing segment of the central nervous systems market. However, the two largest elements, antidepressants and anxiolytics, are expected to have only slow growth to 1995.

In their report on the international nervous systems market, Datamonitor forecast a 61 per cent growth rate for the drug dependence market, driven by smoking cessation products.

Antidepressants and anxiolytics are seen as mature segments, with 22 per cent and 23 per cent of the world market respectively.

The report also says that Eli Lilly has the largest selling central nervous systems drug with Prozac and Upjohn has the largest selling anxiolytic, Xanax and the largest selling hypnotic, Halcion. *International Central Nervous Systems Markets 1992*, price £595. Datamonitor; tel: 071-625 8548.

Classified

APPOINTMENTS

Add a healthy outlook to your local community

Moss Chemists is one of Britain's most respected pharmacy chains. For over 75 years customers have relied upon our high standards of service and professionally trained staff. Staff who listen and offer good advice and regard themselves as very much part of the community health team.

PHARMACY MANAGERS

- Metro Centre (Gateshead) ● Plymouth ● Corby
- Stoke-on-Trent ● South Shields ● Christchurch
- Humberside ● Aberdeen

TRAINEE MANAGERS

- Hounslow ● Guildford

Continued growth has created career opportunities for pharmacists with the personality and drive to make a real impact on local community healthcare.

Experienced or newly qualified, (full training will be given) we need an individual with a commitment to patient counselling, coupled with the communications skills and management qualities to actively market a wide range of medicines, healthcare and leisure products.

In return, you'll enjoy the full support of a highly professional company, modern well equipped and efficient facilities, flexible working hours and a highly competitive salary and benefits package. This will include; PPP membership, pension scheme with life assurance and generous staff discounts.

Apply with CV to: Mr Roger Cotton MRPharmS, Recruitment and Training Executive, Moss Chemists, Fern Grove, Feltham, Middlesex TW14 9BD.

IA6329

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No paperwork.
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CORNWALL

Coastal Pharmacy requires experienced Managing Pharmacist capable of maintaining all year round busy dispensary and dealing with considerable seasonal O + C Trade.

3 bedroomed accommodation available. Full details available from Williams Chemists Ltd.,
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or Telephone: (0208) 72769

APPOINTMENTS

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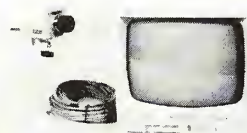


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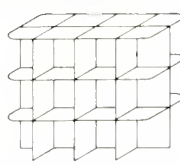
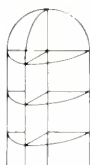
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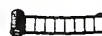
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Macclesfield pharmacist Barrie Davies has been admitted to the Order of St John as a Serving Brother. Membership of the Order is an honour granted under the Crown for long service and for furthering the voluntary work of the St John Ambulance.

Mr Davies' first involvement with the brigade first started some 15 years ago when he took all his shop staff to get their first aid training certificates.

He was invited to become president of the Macclesfield branch of the organisation in 1982 and has remained so to this day. "The president provides a link between the public and the brigade," he explains. He also helps with fundraising and is currently looking for £100,000 to build a new Division headquarters.

Mr Davies, who has run his own business in Ryles Park Road in Macclesfield for some 20 years, is also a governor of the Lyme Green Settlement for Paraplegics, run by a joint committee of the Order of St John and the British Red Cross.

He has chaired the local branch of the society in the past, but confesses he has somewhat forsaken it for his other duties in recent times. However, he puts the case for pharmacy whenever he can.

President of the neighbouring Congleton division is MP Anne Winterton and he has bent her ear on occasion.

Mersey unit gets £15,000 for 'location' project

Dr David Wolfson, the director of the Mersey Academic Practice Unit based at Whiston Hospital, and co-workers from the University of Liverpool have received a £15,000 grant to look into the location of community pharmacies.

The grant from Mersey RHA will fund the year-long project "A systematic approach to the location of community pharmacies: an assessment of the potential offered by geographic information systems and geodemographics".

Dr Wolfson put in his bid for a

grant last September, but says it is an idea he has had for some time. He used to sit on a pharmacy practice subcommittee and felt the conclusions reached on whether a pharmacy should get a contract were often coloured by subjective opinions.

"I want to bring a bit more scientific reasoning into the system," he says.

The project will look at pharmacies in the Mersey region, and Dr Wolfson is hopeful that the project will lead to other things.



Colin Rees, operations manager of AAH Pharmaceuticals Romford branch supervises the packing of 7,000 copies of the BNF collected as a result of last November's Pharmaid initiative. These, along with another 2,000 from another source, are now being despatched to Commonwealth Pharmaceutical Association contacts worldwide by Ranfurly Library Services. Donations towards freight charges from the Society's Bradford Branch and the Oshwal Pharmacy Group were greatly appreciated, says CPA secretary Raymond Dickinson. The CPA is hoping to collect old Martindales with the next Pharmaid collection in November, since a new edition is being published shortly

Appointments

The deputy managing director of John Hamilton (Pharmaceuticals) Ltd, **Stewart MacPherson MRPharmS**, is to join the main board of Numark Management Ltd. His appointment maintains the representation of Scottish independent pharmacists within Numark. A graduate from Heriot-Watt, Mr MacPherson joined Glasgow-based John Hamilton in 1979 as general manager. He has been actively involved in Numark's working parties for generics and for information technology, of which he has just been elected chairman.

In a reshuffle of the board at Lloyds Chemists **Peter Lloyd** is appointed chief executive in the place of his brother **Allen Lloyd** who continues as executive chairman. **Sir Eric Pountain**, currently chairman of Tarmac, IMI and James Beattie, is appointed as a further non-executive director.

Michael Korn has taken over from Bernie Busse as director of Agfa's photo division. He joins Agfa UK from Germany where he was marketing manager for business group photo, and sales manager for private label film.

Bernie Busse returns to Germany as head of Agfa's direct export department in Leverkusen.

Xenova Group has appointed **Geoffrey McMillan** as commercial director to oversee all aspects of commercial development. He comes from Hoffman-La Roche where he was head of business development and planning for the pharmaceutical division. Mr McMillan, Dr Stelios Papadopoulos (an investment banker) and Louis J. Lavigne (chief financial officer, Genentech) join the board of directors.

Coming events

Monday, February 22

Somerset Branch, RPSGB, at Postgraduate Centre, Musgrove Park Hospital. First of three CPPE evening courses. Details from John Harris (tel: 0749 673842).

Tuesday, February 23

Cardiff Branch, RPSGB, at the Pharmacy Lecture Theatre, Redwood Building, UWCC, 7.30pm. RPSGB president David Coleman will speak on current pharmaceutical topics. Joint meeting with WPSA.

Durham Branch, RPSGB, at the Eden Arms Hotel, Rushyford at 8pm. A talk by Mrs V. Bagnall, northern regional development worker, National Eczema Society.

Lanarkshire Branch, RPSGB, at the Postgraduate Medical Centre, Hairmyres Hospital, East Kilbride. PQEB lecture on first aid for the community pharmacist. Details from tutor Fiona Davidson (tel: Airdrie 769344 ext 291).

Wednesday, February 24

North Metropolitan Branch, RPSGB, at the Royal London Homoeopathic Hospital, Great Ormond Street, 6.30pm for 7pm. Dr N. Barber, senior lecturer at the Centre for Pharmacy Practice, School of Pharmacy, on "Practice Research".

Thursday, February 25

Bradford & Bingley Branch, RPSGB, at the Bankfield Hotel, Bingley, 8.30pm. Ms C. Norris on "The American approach to drug use evaluation". Joint meeting with College of Pharmacy Practice. Refreshments available beforehand.

Sheffield Branch, NPA, at the Royal Victoria Holiday Inn Hotel, 7.30pm for 8pm. Second of three lectures on aspects of mental health care given by Peter Pratt.

Advance Information

Pharmacy Practice Resource Centre. One day workshop on statistics on **March 2** in Manchester. Free for community pharmacists (assistance available for expenses/locum fees). Details from Fiona Potter (tel: 0203 690063).

College of Pharmacy Practice. First meeting of Bristol study group at 7.30pm on **March 3** in the staff room, Department of Pharmacy, Frenchay Hospital. Details from John Anson on 0272 701212 ext 2041.

UKCPA annual meeting at 4.15pm on **March 5** at the New Cobden Hotel, 166 Hagley Road, Edgbaston, Birmingham. "Progress in Practice" residential symposium follows on **March 5-6**. Registration fee £165 (non-members £185). Details from Mrs Pat Kennedy (tel: 0533 552020).



WARNING

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haven't got. Your favourite most job-useful magazine could be closed down.

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